

Mom Cell:
Dad Cell:
Sitter Cell:
e-mail:

IDENTIFICATION AND EMERGENCY INFORMATION CHILD CARE CENTERS/FAMILY CHILD CARE HOMES

To Be Completed by Parent or Authorized Representative

CHILD'S NAME	LAST	MIDDLE	FIRST	SEX	TELEPHONE ()
ADDRESS	NUMBER	STREET	CITY	STATE	ZIP
FATHER'S/GUARDIAN'S/FATHER'S DOMESTIC PARTNER'S NAME					BIRTHDATE
LAST					MIDDLE
FIRST					BUSINESS TELEPHONE ()
HOME ADDRESS	NUMBER	STREET	CITY	STATE	ZIP
MOTHER'S/GUARDIAN'S/MOTHER'S DOMESTIC PARTNER'S NAME					HOME TELEPHONE ()
LAST					MIDDLE
FIRST					BUSINESS TELEPHONE ()
HOME ADDRESS	NUMBER	STREET	CITY	STATE	ZIP
PERSON RESPONSIBLE FOR CHILD					HOME TELEPHONE ()
LAST NAME					MIDDLE
FIRST					BUSINESS TELEPHONE ()

ADDITIONAL PERSONS WHO MAY BE CALLED IN AN EMERGENCY

NAME	ADDRESS	TELEPHONE	RELATIONSHIP

PHYSICIAN OR DENTIST TO BE CALLED IN AN EMERGENCY

PHYSICIAN	ADDRESS	MEDICAL PLAN AND NUMBER	TELEPHONE ()
DENTIST	ADDRESS	MEDICAL PLAN AND NUMBER	TELEPHONE ()

IF PHYSICIAN CANNOT BE REACHED, WHAT ACTION SHOULD BE TAKEN?

CALL EMERGENCY HOSPITAL OTHER EXPLAIN: _____

NAMES OF PERSONS AUTHORIZED TO TAKE CHILD FROM THE FACILITY

(CHILD WILL NOT BE ALLOWED TO LEAVE WITH ANY OTHER PERSON WITHOUT WRITTEN AUTHORIZATION FROM PARENT OR AUTHORIZED REPRESENTATIVE)

NAME	RELATIONSHIP

TIME CHILD WILL BE CALLED FOR

SIGNATURE OF PARENT/GUARDIAN OR AUTHORIZED REPRESENTATIVE	DATE
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TO BE COMPLETED BY FACILITY DIRECTOR/ADMINISTRATOR/FAMILY CHILD CARE HOMES LICENSEE

DATE OF ADMISSION	DATE LEFT
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UNIVERSITY CITY UNITED CHURCH PRESCHOOL CONTRACT
2018-2019 School Year

I hereby agree to comply with the rules and regulations of **UCUC Preschool** regarding fees, attendance, health, discipline policies and other items specified in the **Parent Handbook**. You may access the **Parent Handbook** on the website at: ucucpreschool.com and click on the Parent **Page**.

1. I understand and agree to notify the school in writing one month in advance in the event of withdrawal or pay the difference.
2. I agree to pay the late fee if my child is not picked up within 5 minutes of dismissal time. (The late fee is \$1 for each minute for each child).
3. I agree to pay the bank fee and \$15 penalty to the school for any returned check.
4. I agree to pay my child's tuition by the 1st of the month or pay an additional \$25 late fee if my payment is not received by the 5th of the month.
5. I understand that the state licensing department has the right to interview any staff or child without prior consent including access to child and staff records.

My Pre-Payment deposit is refundable only if UCUC Preschool is given written notice of intended withdrawal at least 30 days before the withdrawal date, and that the withdrawal is before FEBRUARY 1, 2019. The latest we are able to give a refund would be if we receive written notice of intent to leave by JANUARY 5, 2019.

I hereby grant permission for my child to use all of the play equipment and participate in all the activities of the school. I understand that accidents may occur even with proper supervision.

I hereby grant permission for my child to leave the school premises under the supervision of a staff member for short neighborhood walks. I understand that a separate permission slip must be completed for my child to go on any other field trips.

I hereby grant permission for the Director or responsible staff member to take whatever steps deemed necessary to obtain emergency medical care. I understand I will be responsible for any expenses incurred for such care. These steps may include, but are not limited to, the following:

- Attempt to contact a parent or guardian
- Attempt to contact the child's physician
- Attempt to contact a person on the emergency information form
 - Call 911
- Have the child taken to an emergency hospital in the company of a staff member

The school will not be responsible for anything that may happen as a result of false or insufficient information given by the parent or guardian.

Signature – Parent or Legal Guardian
License # 372000610

Date
Accreditation # 279435

University City United Church Preschool
2877 Governor Drive – San Diego CA 92122
858-455-0336 – Fax: 858-526-0721 - ucucpreschool@sbcglobal.net

I grant UCUC Preschool permission to use school activity photos of my

Child: _____

**for bulletin board displays, e-mails, the school newsletter, preschool app
and in-school projects.**

Parent/Guardian Signature

Date