



Student Information and Authorization Form

Child's Name _____ Date of Birth _____

Class(es) Enrolled in for 2014-2015 School Year _____

Address _____

Phone Number _____ Alternate Phone Number _____

Please provide us with the best phone number(s) to reach you during the hours your child is in class.

Parent/Guardian Names _____

Parent/Guardian Address (if different from above) _____

Parent Email Address _____

Emergency Contact Information (must list two other than parents/guardians)

Name/Address _____ Daytime Phone Number _____

Name/Address _____ Daytime Phone Number _____

Alternate Authorized Pick-Up Information (list any names of people who are authorized to pick up your child)

Name _____ Daytime Phone Number _____

Name _____ Daytime Phone Number _____

Name _____ Daytime Phone Number _____

Medical/Dental Information

Name of Child's Medical Doctor _____ Clinic Phone Number _____

Medical Clinic Address _____

Name of Child's Dentist _____ Clinic Phone Number _____

Dental Clinic Address _____

Please list the source of medical and dental care to be used in case of an emergency if different from above

Clinic/Hospital Name _____ Phone Number _____

I (parent/guardian name) _____ authorize Butterfly Hill Nature Preschool staff to contact the above named clinic/hospital in an emergency, or when a parent cannot be reached or is delayed.

Signature _____ Date _____

Butterfly Hill Nature Preschool will make every effort to meet the needs of all children enrolled in our programs. Information regarding your child's needs, interests, and abilities will be gathered at the initial conference before your child begins school. If you believe your child may have needs which will require additional planning or preparation on part of the school, please indicate below. If available, please provide a copy of your child's IEP/ICCP.

Dietary and Medical Needs:

- My child has no known allergies, medical needs, or dietary restrictions.
- My child has medical needs that require an Individual Care Plan (i.e. asthma)
- My child has severe allergies that require an Individual Care Plan.
- My child has mild allergies/sensitivities or special dietary needs.

Please describe: _____

If your child has a severe or life-threatening allergy or medical condition, please see the director for a supplemental Individualized Care Plan to be completed by your health care provider.

I understand that any special food for my child that is not usually supplied by the school will be provided of school use by my family.

Medication Release

I give permission for the staff of Butterfly Hill Nature Preschool to administer the medication as indicated below to my child (check all that apply):

- Antiseptic for minor scratches or irritations
- Calamine lotion for minor skin irritation
- Sunscreen
- Insect Repellent
- I understand that Butterfly Hill Nature Preschool will not administer any other medication without a prescription and written instructions from a physician.

Information/Publication Release

I give permission for my child's name and family contact information (email, phone, address) to be listed in a class directory. yes no

I give permission for my child's (check all that apply)

artwork photo writing video image

To be included in:

- Butterfly Hill family newsletters and publications
- Butterfly Hill website and other promotional materials
- Butterfly Hill public Facebook page (viewable by anyone)
- Butterfly Hill closed Facebook group (viewable only by parents/guardians of enrolled students)

Field Trips

I give permission for my child to regularly participate in walking field trips in the neighborhood surrounding Butterfly Hill Nature Preschool.

I give permission for my child to participate in any pre-planned field trips off of school property. A separate, detailed notice and permission form will be sent out prior to each field trip that will take children off of school property.

I have read carefully and understand the above information. I have indicated my consent and authorization where applicable.

Parent/Guardian Signature: _____ **Date:** _____