

The Shepherd's Kids Preschool

1846 Parkfield Court, Suamico, WI 54173

Phone: (920) 434-4899

PARENT/EMERGENCY CONTACT INFORMATION

Student Name (First, Middle, Last): _____

Address: _____

Daytime contacts where parent/guardian can be reached while child is at The Shepherd's Kids Preschool/4K:

Mom's daytime phone: _____ Dad's daytime phone: _____

Reliable persons **for immediate pick up** in case of emergency or illness.

Circle all that apply: E = Emergency illness pick up R = Regular pick up

	Name	Phone
1.	E R _____	_____
2.	E R _____	_____
3.	E R _____	_____
4.	E R _____	_____

(You must provide legal documentation if one parent is **not** allowed to pick up child.)

Most of the communication you receive from The Shepherd's Kids will be via e-mail. Please list any/all email addresses that the teachers should send your child's weekly newsletters as well as those the office should use for any informational or emergency communication. (emergency closings, infectious diseases, upcoming events, etc.)

Name: _____ E-mail: _____

Name: _____ E-mail: _____

Name: _____ E-mail: _____

Name: _____ E-mail: _____

We like to keep our families and community up to date on the wonderful things happening here at The Shepherd's Kids Preschool and 4K! Occasionally, we may use photos or videos for this purpose on our website or Facebook page. 4K student photos or videos may also be used on the HSSD website. I understand that my child's photo or video may be used and that children's names will NOT be posted.

Parent/Guardian: _____ Date: _____

I hereby give permission for my child to participate in field trips and other activities under the supervision of The Shepherd's Kids staff during school hours.

Parent/Guardian: _____ Date: _____

I hereby give my consent for emergency medical care or treatment for my child, to be used only if I cannot be reached immediately.

Parent/Guardian: _____ Date: _____

I understand that there may be a classroom "pet" and that I will be notified in writing as to the nature and degree of contact it will have with the children.

Parent/Guardian: _____ Date: _____

Some parents like to have contact information for setting up play dates, birthday party invitations, carpooling, etc. Your inclusion on this is completely voluntary. Please fill out as much (or as little) information that you are comfortable sharing with the **entire** class: **(Information is shared upon request, if the following is left blank, no information will be shared)**

Child's Name _____

Child's Address _____

Child's Home phone number _____

Mom's Name _____ Dad's Name _____

Mom's cell number _____ Dad's cell number _____

Mom's e-mail _____ Dad's e-mail _____

I give The Shepherd's Kids Preschool and 4K permission to share the above information with my child's class.

Parent Authorization: _____ Date: _____

If there is any additional information you want to share with the class, please include it below.