

Enrolled Child's
Last Name: _____
Parent/Guardian's
Last Name: _____

EDGEWOOD PRESCHOOL COOPERATIVE, INC.

STUDENT INFORMATION FORM

Student's Name _____
Racial/ethnic background _____
Parents'/Legal guardians' names _____
Address _____
Child's Birthday _____
Home Phone Number _____ Cell Phone Number _____

EMERGENCY/MEDICAL FORM

CHILD'S HEALTH INFORMATION

Student's name _____
Weight _____ Height _____
Allergies _____
Any Important Information (i.e. epilepsy, diabetes, asthma, physical limitations):

Physician _____
(Name) (Phone)
Dentist _____
(Name) (Phone)
Emergency Contact _____
(Please list someone other than yourself) (Name) (Phone)

Field Trip Transportation Permit

The Indiana Council of Preschool Cooperatives and its insuring agent recommend that all persons driving car pool and on field trips on behalf of the preschool carry adequate auto liability coverage with limits no less than \$100,000/\$300,000 for bodily injury and \$50,000 for damage to property of others.

I have automobile insurance coverage equal to or above the amounts listed above.

Signed _____ Date _____

*Edgewood Preschool Cooperative does not discriminate on the basis of race, color, national and ethnic origin.