

303-840-2533

Cozy Pine, Inc Parker, Colorado
10510 N. Dransfeldt Rd. #104

GENERAL INFORMATION/Emergency Card

Child's Name: _____ DOB: _____

Date of Enrollment: _____

Parent/Guardian's Name (Last, First): _____ *Note: This parent can pick up child anytime.*

Home Phone Number: _____ Main E-mail: _____

Home Street Address: _____ City, State, Zip: _____

Names of Siblings: _____

MOTHER/GUARDIAN

Mother's Name: _____

Home Phone if different from above: _____

Home address if different from above: _____

Place of employment: _____

Employment address: _____

Work Phone #: _____

Pgr/Cell #: _____

FATHER/GUARDIAN

Father's Name: _____

Home Phone if different from above: _____

Home address if different from above: _____

Place of employment: _____

Employment address: _____

Work Phone #: _____

Pgr/Cell #: _____

PERSONS ALLOWED TO PICK UP

(Other than a parent, must be in-town and able to assume responsibility if parents are unavailable)

Name: _____ Name: _____

Address: _____ Address: _____

Phone #: _____ Cell/Pgr #: _____ Phone #: _____ Cell/Pgr _____

Emergency Contacts

Name _____ Phone # _____ Cell# _____

Address: _____

Name _____ Phone # _____ Cell # _____

Address: _____

Name _____ Phone # _____ Cell # _____

Address: _____

IN CASE OF AN EMERGENCY, PRIORITIZE THE TOP FOUR NUMBERS THAT WE SHOULD CALL.

1. _____ 2. _____ 3. _____ 4. _____

MEDICAL AND DENTAL INFORMATION

Physician: _____ Phone #: _____ Address: _____

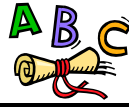
Hospital of choice: _____ Phone #: _____ Address: _____

Dentist: _____ Phone #: _____ Address: _____

Insurance Carrier & Policy #: _____

Any medical/allergy conditions to be aware of? _____ Any dietary restrictions? _____

Any special needs or problems we should be aware of? _____



I GIVE MY CONSENT FOR THE ABOVE NAMED CHILD TO RECEIVE EMERGENCY MEDICAL OR DENTAL TREATMENT IN THE CARE OF A PHYSICIAN AND/OR HOSPITAL OR CLINIC. **AND** I HAVE RECEIVED THE PRESCHOOL'S POLICIES & PROCEDURES AND WILL REVIEW THEM THOROUGHLY SO THAT I MAY UNDERSTAND THE RIGHTS AND PROTECTIONS OF MY CHILD AND THE POLICIES, PROCEDURES AND RULES OF THE PRESCHOOL.

Signature of Parent/Guardian: _____ Date: _____