



# Westview UMC Preschool Enrollment Form

## Release of Child

I authorize that Westview United Methodist Preschool may release my child, \_\_\_\_\_, to the following persons, in addition to those already listed on this form.

Name \_\_\_\_\_ Relationship to child \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Work Phone \_\_\_\_\_ Home Phone \_\_\_\_\_ Mobile Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship to child \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Work Phone \_\_\_\_\_ Home Phone \_\_\_\_\_ Mobile Phone \_\_\_\_\_

## Emergency Medical Care

In the event that I cannot be reached to make arrangements for emergency medical attention, I authorize Westview United Methodist Preschool staff to take my child to an Emergency Room or to the following physician or his/her associates, for medical care.

Dr. \_\_\_\_\_ Hospital \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Special Instructions \_\_\_\_\_  
\_\_\_\_\_

**I give consent for any and all treatment deemed necessary by the attending physician. (*Attach a photocopy of your insurance card*)**

\_\_\_\_\_  
(Signature of Parent/Guardian)

\_\_\_\_\_  
(Date)

### For Office Use Only

Date of Interview \_\_\_\_\_ Interviewed By \_\_\_\_\_

Date of Enrollment \_\_\_\_\_ Class Assignment \_\_\_\_\_