

"ET Kids!

Child & Family Emergency Information

Child's Name

Welcome !

Enrollment for:

Child care
Preschool
Tutoring
Drop In
Camps & Other

* Our purpose is to provide guidance and security with lots of age appropriate opportunities for self-expression and happy experiences. Flexibility and spontaneity are balanced with guidance to create a safe, happy and caring environment for your child.

_____	Please Make Checks Payable to Patti Mikaelsson
Check #	
_____	Mail forms to 5083 Country lane San Jose, Ca. 95129
Amount	First week's fee and a registration fee is due at registration

CONSENT FOR MEDICAL TREATMENT

AS THE PARENT, AGENCY REPRESENTATIVE OR LEGAL GUARDIAN, I HEREBY GIVE CONSENT TO _____ TO PROVIDE ALL EMERGENCY DENTAL OR MEDICAL CARE PRESCRIBED BY A FULLY LICENSED PHYSICIAN (M.D.) OSTEOPATH (D.O.) OR DENTIST (D.D.S.) FOR

THIS CARE MAY BE GIVEN UNDER WHATEVER CONDITIONS ARE NECESSARY TO PRESERVE THE LIFE, LIMB OR WELL BEING OF MY DEPENDENT. CHILD HAS THE FOLLOWING MEDICAL ALLERGIES:

PARENT\AGENCY\REPRESENTATIVE GUARDIAN
SIGNATURE: _____ DATE _____

HOME ADDRESS _____
CITY, STATE, ZIP _____
HOME PHONE _____
WORK PHONE _____

Copied from Department of Social Services
Community Care Licensing
(Confidential)

WE ARE DEDICATED TO THE NEEDS OF EACH CHILD AND FAMILY