

STUDENT INFORMATION



Teacher _____ Room # _____

Child's Name _____ Birthdate _____

Address _____ Daily Contact # _____

Mother/Guardian Name _____

Cell Phone _____ Work Phone _____

Occupation _____

Father/Guardian Name _____

Cell Phone _____ Work Phone _____

Occupation _____

Other Children in Family _____

PERSONS AUTHORIZED TO PICK UP CHILD

Name	Home Phone	Work Phone	Cell Phone

PERSONS TO BE CALLED IN CASE OF EMERGENCY

Name	Relationship to child	Address	Phone

Is there any pertinent medical history of which we should be aware, such as allergies, asthma, nose bleeds, etc.? _____ If yes, please specify. _____

Is your child on regular medication? _____ If yes, please specify. _____

Elementary School Your Child Will Attend (*Preschool/Pre-K Only*) _____

Other helpful comments about your child. _____

Previous Group Experience _____



PARENTAL PERMISSION FORM FOR OFF-PREMISES TRIPS

Name of the Facility (exactly as stated on the license)			License #	
Rolling Hills United Presbyterian PS MDO			00005116	
Street Address of the Facility	City	Zip Code	County	
9300 Nall Ave	Overland Park	KS	JO	

_____ may go to the following locations off the premises with adult supervision:

First and Last Name of Child or Youth

Place	Street Address	City	By Vehicle	Walk/Bike
Church Gym	9300 Nall Ave	Overland Park		<input checked="" type="checkbox"/>
Signature of Parent or Guardian			Date Signed	

Place	Street Address	City	By Vehicle	Walk/Bike
Sanctuary	9300 Nall Ave	Overland Park		<input checked="" type="checkbox"/>
Signature of Parent or Guardian			Date Signed	

Place	Street Address	City	By Vehicle	Walk/Bike
Children's Music Room	9300 Nall Ave	Overland Park		<input checked="" type="checkbox"/>
Signature of Parent or Guardian			Date Signed	

Place	Street Address	City	By Vehicle	Walk/Bike
Nature Walk	9300 Nall Ave	Overland Park		<input checked="" type="checkbox"/>
Signature of Parent or Guardian			Date Signed	

Place	Street Address	City	By Vehicle	Walk/Bike
Indoor Playroom	9300 Nall Ave	Overland Park		<input checked="" type="checkbox"/>
Signature of Parent or Guardian			Date Signed	

Place	Street Address	City	By Vehicle	Walk/Bike
Children's Center	9300 Nall Ave	Overland Park		<input checked="" type="checkbox"/>
Signature of Parent or Guardian			Date Signed	

Place	Street Address	City	By Vehicle	Walk/Bike
Signature of Parent or Guardian			Date Signed	