

ENRICHMENT WORKSHOP FOR CHILDREN, INC.		EMERGENCY INFORMATION	
<i>Name of child</i>		Birth date	
Street Address		Home phone	
Town/State		Zip code	
<i>Name of school</i>		Grade	
Date to start		Teacher	
Days/times attending		Date withdrawn	
<i>Parent/Guardian #1 Name</i>		Employer	
Work address		Work phone	
Home address if different		Other phone	
		email	
<i>Parent/guardian #2 Name</i>		Employer	
Work address		Work phone	
Home address if different		Other phone	
		email	
EMERGENCY CONTACT / AUTHORIZATION TO PICK UP (IN ADDITION TO PARENTS)			
<i>Name</i>		Relationship	
Address		Phone number	
<i>Name</i>		Relationship	
Address		Phone number	
MEDICAL INFORMATION / PERMISSION STATEMENTS			
Child's doctor's name		Doctor's phone	
Doctor's address - include town and zip		Health Insurance Policy number & Provider	
Please list all allergies.			
Please list any special needs.			
Has your child been identified by the school district for special programming or have an IEP? YES NO (If YES, please provide)			
Is there any medication, medical situation or dietary need that we should be aware of? YES NO (If YES, please describe on back.)			
Is there a custody agreement that would affect your child at BASE? YES NO (If YES, we must have a copy)			
SIGN NEXT TO EACH ITEM YOU GIVE PERMISSION FOR. CROSS OUT ANY YOU DO NOT GIVE PERMISSION FOR.			
I give permission for my child to be transported to a hospital for treatment in an emergency.			
I give permission for my child to receive medical treatment or first aid if needed.			
I give permission for my child to go on walks outside the school.			
I give permission for my child to do homework at BASE.			
I give permission for my child's picture to be used by BASE for advertising purposes.			
I give permission for my child to ride on school district buses if they need to be evacuated in an emergency.			
I understand that EWC will transfer my child's records at my request for 12 months after we leave.			
<i>Parent Signature</i>		Date	
EWC signature		Date	
Reviewed		Date	