

MUST COMPLETE ALL INFORMATION	MUST COMPLETE ALL INFORMATION
ENRICHMENT WORKSHOP FOR CHILDREN, INC.	EMERGENCY INFORMATION
Name of child:	Birth date:
Street Address:	Cell phone:
Town/State:	Zip code:
Name of school:	Grade:
Date to start:	Teacher:
Days/times attending:	Date withdrawn
Parent/Guardian #1 Name:	Employer:
Work address:	Work phone:
Home address if different	Other phone
	email:
Parent/guardian #2 Name:	Employer:
Work address: same as home address	Work phone:
Home adress if different	Other phone
	email:
EMERGENCY CONTACT / AUTHORIZATION TO PICK UP (IN ADDITION TO PARENTS)	
Name:	Relationship:
Address:	Phone number:
Name:	Relationship:
Address:	Phone number:
MEDICAL INFORMATION / PERMISSION STATEMENTS	
Child's doctor's name:	Doctor 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?	
Is there any medication, medical situation or dietary need that we should be aware of?	
Is there a custody agreement that would affect your child at BASE?	

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.

Parent Signature

Date

EWC signature

Date

Reviewed

Date