

City of Dublin Preschool Program



Emergency Information Form

Please complete all sections of the personal information form. A completed form must be on file before your child can be admitted into the City of Dublin's summer camp program.

PERSONAL INFORMATION (ONE CHILD PER FORM)

Child's Name: _____ (_____) Age: _____ Birth date: _____
First Last Nickname

Mother's Name: _____ Cell phone (_____) _____
First Last

Address: _____ Home phone: (_____) _____
Street

City State Zip Work phone: (_____) _____

Email Address: _____ Best number to call? ___cell ___home ___work

Father's Name: _____ Cell phone: (_____) _____
First Last

Address: _____ Home phone: (_____) _____
Street

City State Zip Work phone: (_____) _____

Email Address: _____ Best number to call? ___cell ___home ___work

CHILD'S 1st LANGUAGE: _____ Does your child speak English? _____ Does your child understand English? _____

Siblings Name: _____ Age _____ Siblings Name: _____ Age _____

Siblings Name: _____ Age _____ Siblings Name: _____ Age _____

MEDICAL INFORMATION

Child's Physician: _____ Phone: (_____) _____

Medical Insurance Carrier: _____ Insurance/Group Identification Number: _____

Allergies: ***Please indicate "None" if no allergies exist***

Please tell us if your child has any medical conditions, special dietary needs or restrictions, special needs, social, emotional, developmental, language, behavior concerns (i.e. - shyness, problems sharing, etc.), family or other issues that may present themselves? ***Please indicate "None" if no conditions or issues exist***:

Please tell us of your child's strengths and special interests:

EMERGENCY CONTACTS AND PERSONS AUTHORIZED TO PICK UP CHILD OTHER THAN PARENT (must include at least one)

Name: _____ Relationship: _____ Phone: (_____) _____ Cell: (_____) _____

Name: _____ Relationship: _____ Phone: (_____) _____ Cell: (_____) _____

I verify the above information is true and correct.

Signature of Parent or Guardian

Date