

Foothills Christian Preschool & Kindergarten  
 6100 South Deviney Way Littleton, Colorado 80127  
 303-972-3162 or preschool@4fbc.org  
 www.foothillsbiblechurch.org

## IDENTIFICATION & EMERGENCY INFORMATION

Child's Name \_\_\_\_\_ Phone \_\_\_\_\_

Name to be called at school \_\_\_\_\_ Birth date \_\_\_\_\_ Sex: Male/Female

Address \_\_\_\_\_  
 Street City Zip

Main Crossroads \_\_\_\_\_

### Father's Information

### Mother's Information

Name \_\_\_\_\_ Name \_\_\_\_\_

Home Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

E-Mail Address \_\_\_\_\_ E-Mail Address \_\_\_\_\_

Employer \_\_\_\_\_ Employer \_\_\_\_\_

Employer Address \_\_\_\_\_ Employer Address \_\_\_\_\_

Business Phone \_\_\_\_\_ EXT \_\_\_\_\_ Business Phone \_\_\_\_\_ EXT \_\_\_\_\_

Occupation \_\_\_\_\_ Occupation \_\_\_\_\_

Siblings (Names, Male/Female and Ages): \_\_\_\_\_

### Medical Professionals Who May Be Called In an Emergency \*WE ARE REQUIRED BY LICENSING TO HAVE ALL THE FOLLOWING INFORMATION ALL LINES MUST BE COMPLETED.\*

Physician's Name Address Phone

Dentist's Name Address Phone

Hospital preference Address Phone

Insurance Company ID number

List any allergies, medical conditions or physical restrictions:

\_\_\_\_\_  
 \_\_\_\_\_

### STATEMENT OF AUTHORIZATION

I, \_\_\_\_\_, as parent or legal guardian of said child, \_\_\_\_\_, hereby give my permission to Foothills Christian Preschool & Kindergarten to call a doctor, dentist or 911 should an emergency situation arise. Permission is also granted for those emergency, medical, or hospital personnel to perform necessary care in the event it is not possible to locate us. We agree to accept all expenses incurred.

Parent or Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_