

Sonshine Christian Elementary, Daycare and Preschool

11208 N.E. Hazel Dell Ave.

Vancouver, WA. 98685

Day Care Phone (360) 573-7174 – School Phone (360) 574-5307

sonshinedaycare@gmail.com or sonshineschoolvancouver@gmail.com

web site: sonshinechristian.org

Personal Information:

| | |
|--|---|
| Child's Name: | Child's birth date: |
| Nicknames used: | <input type="checkbox"/> Male <input type="checkbox"/> Female |
| Mother's Name: | Father's Name: |
| Mother's Phone #: | Father's Phone #: |
| Email Address: | Email Address: |
| Mailing Address: | Email Address(if different): |
| <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Single | |

Please list persons authorized to pick your child up:

| |
|-------------------------------------|
| Name and relationship to the child: |
| Phone #: |
| Address: |
| |
| Name and relationship to the child: |
| Phone #: |
| Address: |

Emergency Contact (other than yourself):

| |
|-------------------------------------|
| Name and relationship to the child: |
| Address: |
| |
| Phone #: |

Additional Authorized Pick Ups

Name and relationship to the child:

Phone #:

Address:

Name and relationship to the child:

Phone #:

Address:

Name and relationship to the child:

Phone #:

Address:

Name and relationship to the child:

Phone #:

Address:

Name and relationship to the child:

Phone #:

Address:

Name and relationship to the child:

Phone #:

Address:

Limited Power Of Attorney
For
Emergency Medical Care Authorization

For: _____
(First Name) (Middle name) (Last name)

I _____ (natural parent or legal guardian) hereby give permission that my child _____, may be given emergency treatment to include first aid and CPR by a qualified child care staff member at Sonshine Christian Daycare, Preschool or Elementary School. I further authorize and consent to medical, surgical and hospital care, treatment and procedures to be performed for my child by my child's regular physician, or when deemed immediately necessary or advisable by the physician to safeguard my child's health and I cannot be contacted. I waive my right of informed consent to such treatment. I also give permission for my child to be transported by ambulance or aid car to an emergency center for treatment. I accept all financial responsibility for necessary treatment and services.

| |
|--|
| <p>Primary phone number: Home address:</p> |
|--|

Insurance Company: _____

Plan or Group Number: _____ Policy/Membership # _____

Employer: _____
(Name of Company) (Phone)

(Address of Employer)

Allergies: _____

Other: _____

Signature: _____

Relationship to Student: _____

Date: _____

Dear Parent or Family,

During a disaster, communication may become challenging. Often it is easier to contact an out-of-area phone number. Our facility is establishing an out-of-area number to relay information throughout a disaster. Please put this number in a convenient and accessible place so that you are able to get information about your child, should local calling become challenging. Our out-of-area contact is:

Name: Jeremy Lohr

Phone #: 509-551-5574

Please write this information down and keep it in a safe place.
This information is also provided in the back of the parent handbook.

We encourage you to familiarize yourself with the disaster plans and policies established for our child care facility and school.

Please provide the following information for our emergency records:

Child's name: _____

Child's out-of-area contact (100+ miles away): _____

Emergency contact (friend, family or loved-one): _____

Local contact (the nearest acquaintance): _____

I have received information regarding your childcare facility and school's out-of-area emergency contact. I understand that your childcare facility and school has established policies to respond appropriately to a disaster.

I have read Sonshine's parent handbook and understand what is expected of my child while in attendance at Sonshine Christian Elementary School and I understand the policies and procedures of Sonshine Christian Elementary School.

Parent/Guardian Signature: _____ **Date:** _____