


**Mount Kisco Child Care Center inc.**

A Not-for-Profit Early Care &amp; Education Program serving families since 1971

Today's Date: \_\_\_\_\_

Date of Enrollment: \_\_\_\_\_

### EMERGENCY RELEASE FORM

Child's Name: \_\_\_\_\_ Home Phone Number: \_\_\_\_\_

Home Address: \_\_\_\_\_ Child Date of Birth: \_\_\_\_\_

Child's Gender: Male \_\_\_\_\_ Female \_\_\_\_\_

Home Email: \_\_\_\_\_ Days Enrolled: Mon \_\_\_\_\_ Tues \_\_\_\_\_ Wed \_\_\_\_\_ Thurs \_\_\_\_\_ Fri \_\_\_\_\_

Parent 1 Cell# \_\_\_\_\_ Parent 2 Cell# \_\_\_\_\_

If an After Schooler, Name of School/Grade: \_\_\_\_\_

In case of emergency, I authorize the following people to pick up my child from the child care center:

<u>Name</u>	<u>Relation to child</u>	<u>Address during day</u>	<u>Work Phone Number/ Daytime Phone #</u>
1. _____	PARENT 1	_____	_____
2. _____	PARENT 2	_____	_____
3. _____		_____	_____
4. _____		_____	_____
5. _____		_____	_____

 I must notify the office or the head teacher each time anyone other than I will be picking up my child.

I, the parent, assume full responsibility for the safe transportation of my child to and from the Mt. Kisco Child Care Center.

Signature \_\_\_\_\_ Date \_\_\_\_\_

#### PERMISSIONS:

1. As legal guardian, I hereby give my permission to the Mt. Kisco Child Care Center to administer emergency First Aid, and/or seek emergency medical treatment for my child in case I am unavailable when such treatment is needed.

Signature \_\_\_\_\_ Date \_\_\_\_\_

#### **My child's physician is:**

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

#### **My child has the following allergy and/or medical condition(s):**

 2. I give my permission to allow my child to go on any walking trips and outings arranged by the Center. (*Field trips requiring bus transport will have individual permission slips.*)

Signature \_\_\_\_\_ Date \_\_\_\_\_

3. I give my permission to allow my child to appear in photographs and videos taken by the Center. I also allow any pictures of my child to be released for publication in newspapers, brochures, and for fundraising or public relations.

Signature \_\_\_\_\_ Date \_\_\_\_\_

4. I give permission for photos of my child to appear on the MKCCC Face book page and the MKCCC website.

Signature \_\_\_\_\_ Date \_\_\_\_\_

5. I give permission for my phone number, address and email address to appear in a Center Directory.

Signature \_\_\_\_\_ Date \_\_\_\_\_