

Parent/Guardian Name: _____
(SECONDARY) (Last) (First)

Relationship to Child: Mother Father Other: _____

Mailing Address (if different from student's address):

Cell Phone: _____ Work Phone: _____

Email Address: _____

Parent/Guardian's Marital Status: Single Married Divorced Separated
 Widow Widower Civil Union

Comments: _____

MEDICAL/EMERGENCY INFORMATION SECTION:

Does your child have any allergies? Food, medication, latex, bee stings, etc. Yes No

If yes, please list: _____

Does your child have any medical conditions? Yes No

If yes, please list: _____

Does your child have asthma? Yes No

If yes, does your child use an inhaler? Yes No

Will it be necessary to keep an inhaler in the nurse's office? Yes No

Is your child taking any medications? Yes No

If yes, please list: _____

Emergency Contacts (Please list in order of preferred contact):

1. _____ Phone Number: _____

Relationship: _____

2. _____ Phone Number: _____

Relationship: _____

3. _____ Phone Number: _____

Relationship: _____

In the event of an extreme emergency, if parent, guardian, or emergency contacts cannot be reached, I give permission to the school authority to arrange appropriate medical care at _____
_____ (name of hospital or other medical or dental facility).

List all person(s) authorized to pick up your child:

1. _____ Phone Number: _____

2. _____ Phone Number: _____

3. _____ Phone Number: _____

4. _____ Phone Number: _____

Print Name: _____ Date: _____

Signature: _____

AUTOMATIC MONTHLY PAYMENT

Credit Card Payment Information:

I authorize the PACE Office to charge the credit card listed below on the 15th of each month for preschool tuition. I understand that I may rescind this request at any time by notifying the PACE Office.

Name as it appears on the credit card: _____

VISA MasterCard Discover *(We do not take AMEX)*

Credit Card Number: _____

Expiration Date: _____ 3 Digit Security Code (on back of card): _____

Address credit card is registered to: _____
(If different from student's address)

Electronic Check Account Payment Information:

I authorize the PACE Office to transfer funds from the account listed below on the 15th of each month for preschool tuition. I understand that I may rescind this request at any time by notifying the PACE Office.

Name as it appears on the account: _____

Bank Name: _____

Routing Number: _____ Account Number: _____

Address account is registered to: _____
(If different from student's address)

Student's Name: _____ **Age:** _____
(First) (Last)