



# Early Childhood Center Information Form 2024-2025

Child's Name \_\_\_\_\_  Male  Female Date of Birth \_\_\_\_\_

## UPDATE ANY REGISTRATION INFORMATION THAT MAY HAVE CHANGED (“NEW” ADDRESS, ZIP CODE, PHONE NUMBERS, EMAILS)

ADDRESS \_\_\_\_\_ ZIP CODE \_\_\_\_\_

PHONE NUMBERS \_\_\_\_\_ EMAIL \_\_\_\_\_

## CHILD RELEASE INFORMATION (OTHER THAN PARENTS)

The following adults have parental permission to pick up the child listed above.  
No other adults may pick up without written consent.

1. \_\_\_\_\_ 2. \_\_\_\_\_
3. \_\_\_\_\_ 4. \_\_\_\_\_

If there are any circumstances that prohibit either parent from having access to your child, the ECC needs copies of the official documents that outline these restrictions. Please include any information with your registration materials.

## EMERGENCY INFORMATION

Please supply emergency phone numbers (**MUST BE OTHER THAN PARENTS/GUARDIANS**) from 7:30am-5:30pm

1) Contact Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

2) Contact Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

## MEDICAL CONDITIONS AND ALLERGIES

\_\_\_ IEP \_\_\_ ISFP If yes, what accommodations are needed: \_\_\_\_\_

Indicate any serious medical problems and/or allergies. Please consider food, medication, animals, environmental, and seasonal: \_\_\_\_\_

An Allergy Action Plan (if needed) must be submitted before the start of the school year to the ECC Front Desk.

I give permission for these allergies to be posted in my child's classroom.  yes  no

Medical Insurance Provider \_\_\_\_\_ Policy Number \_\_\_\_\_

I/we authorize the following individuals to have access to our child's/children's health information:

\_\_\_ ECC Teacher \_\_\_ ECC Administration \_\_\_ Special Educational Support (Occupational/Speech Therapist)

If I can not be reached and the JCC authorities have followed the procedures outlined in the JCC Early Childhood Center Parent Handbook, I agree to assume all expenses for transporting and medically treating my child. I also hereby consent to any treatment, surgery, diagnostic procedures or the administration of anesthesia which may be carried out based on the medical judgment of the attending physician.

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date