



Little Stompers Preschool
 2747 Bailey Ln Eugene, OR 97401
 (971) 242- 9477

Child Enrollment and Authorization

Child's name	
Child's birthday	Schedule needed (# of days / half or full day)
Name (parent or guardian)	Relationship
Street Address	City, Zip
Home phone	Cell phone
Employer	Work phone
Email address	
Name (parent or guardian)	Relationship
Street Address	City, Zip
Home phone	Cell phone
Employer	Work phone
Email address	

Required Emergency Contact Information- These are people we will contact if we are unable to contact the parents or guardians first. They are authorized to pick up the child if necessary.

Name	Phone	Relationship
Name	Phone	Relationship
Name	Phone	Relationship
Name	Phone	Relationship



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Medical and Dental Information

Insurance Provider and Policy Information (if applicable)	
Primary Physician Name	Phone
Dental Provider (if applicable)	Phone
Preferred Hospital	Address
Does your child have any allergies?	
Does your child currently take any medications or have a health condition we should be aware of?	

I hereby grant permission for Kelsey Winegar or her staff to take whatever steps may be necessary to obtain medical care if warranted. These steps may include but are not limited to the following:

1. Attempt to contact a parent or guardian.
2. Attempt to contact the child’s physician.
3. Attempt to contact a parent/ guardian through any of the persons listed on the emergency information form you completed for us.
4. If we cannot contact you or your child’s physician, we will do any or all of the following:
 - a. Call another physician or paramedics
 - b. Call an ambulance
 - c. Have the child taken to an emergency hospital in the company of the provider or a staff member
5. Any expenses under number 4, above, will be borne by the child’s family.

Parent/ Guardian Signature _____ Date_____

Parent/ Guardian Signature _____ Date_____



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Who is authorized to pick up your child?

These people are authorized to pick up my child/ children:

Name	Relationship

I understand that this is the list you will use to see who is authorized to pick up my child.

Please check one:

- We agree that either of the signers below is authorized to add or delete names from this list.
- We agree that both parent's/ guardian's signatures are required to add or delete names from this list.

Date _____

Parent/ Guardian 1 _____

Parent/ Guardian 2 _____

Changes made on date _____

Parent/ Guardian 1 _____

Parent/ Guardian 2 _____