

<b>Early Childhood Enrichment / Preschool</b> <b>EMERGENCY FORM 2024/2025</b>
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IMPORTANT: Please complete and PRINT **all information** legibly.

Name of Child \_\_\_\_\_ Birth Date \_\_\_\_\_ Sex \_\_\_\_\_  
LAST FIRST

Child's Home Address \_\_\_\_\_

City \_\_\_\_\_ ZIP \_\_\_\_\_

Parent/Guardian \_\_\_\_\_

First Parent's Name \_\_\_\_\_ Living in home with Child? Y/N

Second Parent's Name \_\_\_\_\_ Living in home with child? Y/N

First Parent's email \_\_\_\_\_ (Phone) \_\_\_\_\_

Second Parent's email \_\_\_\_\_ (Phone) \_\_\_\_\_

Other siblings in the home? \_\_\_\_\_

Any serious or severe illnesses or accidents: \_\_\_\_\_

Any Food Allergies? Please specify \_\_\_\_\_

Other Allergies? Please specify\_\_\_\_\_

Is your child currently on any medication? Specify \_\_\_\_\_

**ADDITIONAL PERSONS TO BE CALLED IN AN EMERGENCY**  
(Not Parent or Guardian)

Name \_\_\_\_\_ Phone (H) \_\_\_\_\_

Relationship \_\_\_\_\_ (C) \_\_\_\_\_

Name \_\_\_\_\_ Phone (H) \_\_\_\_\_

Relationship \_\_\_\_\_ (C) \_\_\_\_\_

<b>AUTHORIZATION OF PICK UP – Non Parent</b>
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	NAME	PHONE	RELATIONSHIP
1.			

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The State of California requires that sponsors of recreation programs inform parents of the nature and structure of programs their children are participating in.

Childcare and recreation are differentiated by the State and definitions are included in a manual called "The California Community Care Licensing Manual". Programs that meet the definition of childcare must be licensed by requirements related to facility, staff, and program structure. Recreation programs, as defined by the State, are exempt from licensing requirements, but it is mandated that parents/guardians of children registered for recreation programs be notified.

The State also requires that the sponsor of the program have a signed statement from each parent/responsible party that they understand the conditions under which the facility operates and that it is NOT a licensed childcare facility.

\*\*\*\*\*Please read and complete the following:

I understand the conditions under which the City of Vacaville's Preschool program(s) operate and that they are NOT licensed childcare facilities.

Printed Name of Parent/Guardian \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

**DAILY ROUTINES**

Parent Evaluation of child's health \_\_\_\_\_

How does your child get along with parents, siblings & other children? \_\_\_\_\_

Has your child had other group play experiences? \_\_\_\_\_

**PROGRAM TYPE & LOCATION**

**My child will be \_\_\_\_\_ years old on/by September 1, 2024.**

**My child will be attending the following program:** \_\_\_\_\_

I hereby give my permission to the program staff to take photos of my child for advertising and site purposes.

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

**For official use – CSR please fill in information**

Name of program registered for: \_\_\_\_\_

Date of first class: \_\_\_\_\_