

Van Alstyne Independent School District
Cub's Corner
Admission Information

Child's Name				Date of Birth	Child's Grade and Homeroom Teacher	
Child's Home Address				City/ State/ Zip	Child's Home Telephone No.	
Child's Mailing Address (if different)				City/ State/ Zip	Telephone number/s and emails where parents/guardian may be reached while child is in Cub's Corner care: Father's Telephone No. Email Address: Mother's Telephone No. Email Address: Telephone No. Telephone No.	
Student Lives With (Give Full Name)	Father	Employed at	Business Phone	Relationship to child		
	Mother	Employed at	Business Phone	Relationship to child		
	Other	Employed at	Business Phone	Relationship to child		
	Other	Employed at	Business Phone	Relationship to child		
Give the name, address and phone number of person to call in case of an emergency if parents/guardian cannot be reached. Name				Relationship to child	Telephone No.	
I hereby authorize the childcare operation to allow my child to leave the childcare operation ONLY with the following persons. Please list name and telephone number for each. Children will only be released to a parent or person designated by the parent/guardian after verification of ID.						
Name and telephone		Name and telephone		Name and telephone		Name and telephone

CHECK ALL THAT APPLY BELOW and INITIAL HERE: _____

TRANSPORTATION: I hereby give do not give -consent for my child to be transported and supervised by the operation's employees: to and from school Other

WALKING: I hereby give do not give -consent for my child to walk to/ from school

AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION:
 In the event I cannot be reached to make arrangements for emergency medical care, I authorize the person in charge to take my child to :
 Name of Physician: _____ Address: _____ Phone: _____
 Name of Emergency Care Facility: _____ Address: _____ Phone: _____

I give consent for the facility to secure any and all necessary emergency medical care for my child. Signature of parent or legal guardian: _____

List any special problems that your child may have, such as allergies, existing illness, previous serious illness, injuries and hospitalizations during the past 12 months, any medication prescribed for long-term continuous use, and any other information which caregivers should be aware of:
