



Where learning through play builds the foundation for future academic success.

**Emergency Contact Information**  
**Vital Information - Please type or print clearly**

Child's Full Name \_\_\_\_\_

Parent/Guardian #1 Name \_\_\_\_\_

Email \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_

Parent/Guardian #2 Name \_\_\_\_\_

Email \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_

Caregiver Name \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_

Designated individuals authorized to pick up child in case of emergency closing or illness:

Name \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_

Name \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_

Please list one contact person outside the DC area:

Name \_\_\_\_\_

Relationship \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_

**Image Release Permission**

As parent or guardian of this student, I hereby consent to the use of photographs/videos taken during the course of the school year for publicity, promotional purposes or educational purposes (including publications, presentations, internet, or other media source.) I do this with full knowledge and consent and waive all claims for compensation for use, or for damages.

\_\_\_\_ Yes    \_\_\_\_ No

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