



HOCKESSIN ATHLETIC CLUB PRESCHOOL STUDENT DATA FORM

Child's Full Name: _____ Nickname: _____ Age: _____

DOB: _____ Previous School Name: _____

Street Address: _____ City: _____ Zip: _____

Home phone: (____) _____

PARENT/GUARDIAN CONTACT & RELEASE INFORMATION

Primary Guardian: _____ Cell Phone :() _____

Work Phone: () _____ E-mail _____

Secondary Guardian: _____ Cell Phone :() _____

Work Phone: () _____ E-mail _____

Is there a custody or visitation arrangement? Yes (please explain and attach supporting documentation) No

CHILD RELEASE

The following people are authorized to pick up my child from the HAC Preschool program:

Name	Relationship
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____

IF NOT AVIALABLE IN AN EMERGENCY, NOTIFY:

1. _____ () _____ () _____
First Name Last Name Home or Cell Work #

2... _____ () _____ () _____
First Name Last Name Home or Cell Work #

PERSONAL GROWTH

Is there any information about your child the HAC staff could benefit from knowing to better serve your child?

Swimming Ability: Afraid of water Enjoys water Other Comments: _____

CHILD'S PHYSICIAN/MEDICAL CARE PROVIDER

Signature: _____ Date: _____

Family Physician: _____ Phone #: (____) _____

Family Dentist: _____ Phone #: (____) _____

Family Insurance: _____ Primary Person: _____

Policy #: _____ Group #: _____

Allergies (food, medicine, bee sting): _____

Special information or restriction we should know about your child: _____

GUARDIAN SIGNED RELEASES

SWIMMING: I hereby give my permission for my child to swim with the HAC under lifeguard supervision.

Guardian Signature: _____ Date: _____

PHOTO RELEASE: I hereby give my permission for photographs of my child to be used in HAC publicity.

Guardian Signature: _____ Date: _____

MEDICAL RELEASE: I hereby give my permission for HAC to administer emergency medical care/first aid.

Guardian Signature: _____ Date: _____

SUNSCREEN RELEASE: I hereby give my permission for HAC to apply sunscreen, which I provide, to my child.

Guardian Signature: _____ Date: _____

TRANSPORTATION RELEASE: I hereby give my permission for my child to be transported in the HAC vans.

Guardian Signature: _____ Date: _____

I, Parent/Guardian _____, have read and understand the information in this packet and the parent handbook and will be responsible for the information therein.

Parent/Guardian Signature: _____ Date: _____