

Highland Park Presbyterian Church

Mother's Co-Op Program

Emergency Medical Information Form

In order to protect your child _____ in case of a medical emergency, please provide the following information.

- 1) Parent's Name: _____
Address: _____
Email address: _____

Telephone numbers where you may be reached:

Home: () _____

Business: () _____

Mobile/Pager: () _____

Child's Physician: _____

Telephone #: () _____

Insurance Information: _____

- 2) If parent cannot be reached, we will try to contact another relative or friend.

Name: _____ Relationship: _____

Address: _____ Telephone #: () _____

Name: _____ Relationship: _____

Address: _____ Telephone #: () _____

- 3) **PLEASE LIST ANY ALLERGIES:** _____

- 4) In the case of sudden illness or accident to _____

I hereby authorize a representative of the Highland Park Presbyterian Church to refer the child to the above mentioned physician.

- 5) In the event of injury, a representative of the HPPC is free to transport the child to the following preferred hospital.

_____ Hospital

_____ Signature of Parent or Guardian

_____ Date

**PLEASE ATTACH A COPY OF YOUR CHILD'S
IMMUNIZATION RECORD TO THIS FORM.**

Highland Park Presbyterian Church

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RELEASE AUTHORIZATION

Highland Park Presbyterian Mother's Co-Op has permission to release my child

_____ to one of the following people.

Name: _____ Relationship: _____

Address: _____ Telephone #: (____) _____

Name: _____ Relationship: _____

Address: _____ Telephone #: (____) _____

Name: _____ Relationship: _____

Address: _____ Telephone #: (____) _____

The teacher and director assume that the child will be dropped off and picked up by the parent. I acknowledge that it is my responsibility to notify the teacher in writing, before class, of any changes for that day.

Parent or Guardian

Date

Highland Park Presbyterian Church

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Parental Release Form

The undersigned, being the parent(s) or guardian of _____
do hereby give my permission for him/her to participate in the Mother's
Co-Op program sponsored by the Highland Park Presbyterian Church.
The program includes occasional events away from the campus.

In case of injury or illness, I hereby authorize the physician selected by the
sponsor in charge to give whatever medical treatments he/she deems
necessary to my minor child in this release.

In the event of an injury necessitating medical expenses, I will agree to
make the initial claim on our medical insurance. (The church has
insurance for expenses not covered.)

Parent or Guardian

Date

Address

Zip

Phone #

Alternate #

Refund Policy
Mother's Co-Op
Highland Park Presbyterian Church

Tuition for Mother's Co-Op is due March 12, 2010. Arrangements can be made to pay in installments.

The refund policy is as follows:

There will be no refunds of tuition if you choose to drop your child from Co-Op after June 1st. In the event the space can be filled before school starts, 50% of your tuition will be refunded.

The registration fee is non-refundable.

I understand the refund policy.

Signature

Date

Printed Name

Child's Name