



TRINITY UNITED METHODIST PRESCHOOL/KINDERGARTEN
3104 W Glendale Avenue
Phoenix, Arizona 85051
602-973-9060

2016 Summer Sizzle

Child's Name _____

Address _____

City, State _____ Zip Code _____

Home Phone _____ Birthdate _____ Sex: M [] F []

Father's Name _____ Work Phone _____ Cell Phone _____

Mother's Name _____ Work Phone _____ Cell Phone _____

E-mail address _____

**Please indicate the hours that you most likely will attend,
next to the dates listed:**

FARM/ZOO

ANIMALS

June 6th _____

June 7th _____

June 8th _____

June 9th _____

June 10th _____

SEASONS

Closed on 4th of July

July 5th _____

July 6th _____

July 7th _____

July 8th _____

OCEAN

Aug 1st _____

Aug 2nd _____

Aug 3rd _____

Aug 4th _____

Aug 5th _____

5 SENSES

June 13th _____

June 14th _____

June 15th _____

June 16th _____

June 17th _____

SPIRIT WEEK

July 11th _____

July 12th _____

July 13th _____

July 14th _____

July 15th _____

TRANSPORTATION

June 20th _____

June 21st _____

June 22nd _____

June 23rd _____

June 24th _____

BUGS

July 18th _____

July 19th _____

July 20th _____

July 21st _____

July 22nd _____

COWBOYS/RODEO

June 27th _____

June 28th _____

June 29th _____

June 30th _____

July 1st _____

DINOSAURS

July 25th _____

July 26th _____

July 27th _____

July 28th _____

July 29th _____

TRINITY UNITED METHODIST PRESCHOOL/KINDERGARTEN
CONSENT FOR MEDICAL/SURGICAL CARE/
EMERGENCY TREATMENT AND
CHILD'S MEDICAL INFORMATION

In presenting my son/daughter for diagnosis and treatment, I, (parent's name) _____

Mother

Father

Legal Guardian

for (child's name) _____

Son

Daughter

who is _____ years of age; hereby voluntarily consent to the rendering of such care, including diagnostic procedures, surgical and medical treatment, and blood transfusions, by authorized members of the hospital staff or their designees, as may in their professional judgement be necessary.

I hereby acknowledge that no guarantees have been made as to the effect of such examinations or treatment on my child's condition.

I have read this form and I certify that I understand its contents.

I hereby give my consent to Trinity United Methodist Preschool/Kindergarten, who will be caring for my child _____ from June 2016

(Child's name)

through August 2016, to arrange for emergency medical/surgical/dental care and treatment necessary to preserve the health of my child.

I acknowledge that I am responsible for all reasonable charges in connection with care and treatment rendered during this period.

Parent's Name _____
Address _____

Physician _____
Address _____

Phone Number _____
Name of Health Insurance: _____

Phone Number _____
Child's allergies, if any: _____

Group No. _____
Child SSN _____

Date of last tetanus _____
Medications child is on _____

Signature _____ Date _____
 Mother Father Legal Guardian

Sworn and signed before me this _____ day of _____, _____
by _____.

Notary
Signature _____