

**GRANBY NATURE PRESCHOOL  
PROGRAM INFORMATION CARD**

Name: \_\_\_\_\_ Nickname: \_\_\_\_\_

Age \_\_\_\_\_ Grade in Sept '22 \_\_\_\_\_ Gender \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Mom Cell Phone \_\_\_\_\_ Dad Cell Phone \_\_\_\_\_

Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

Hospital Preference: \_\_\_\_\_ Phone: \_\_\_\_\_

Highly Allergic To: \_\_\_\_\_

Taking Medication (Please Name): \_\_\_\_\_

Other Medical Problems: \_\_\_\_\_

My child's counselor should know the following about my child: \_\_\_\_\_

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In the event parents cannot be reached, please call:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Primary Insurance Carrier: \_\_\_\_\_

Insurance Policy Number: \_\_\_\_\_

The following people have permission to pick up my child from camp:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**The Granby Nature Preschool Staff have my permission to take whatever action deemed necessary for the health and welfare of my child in case of emergency.**

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Parent/Guardian Signature

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Date

**Photo Release:** The Town of Granby Recreation and Leisure Services Department/Granby Nature Preschool reserves the right to photograph facility, activity and program participants at any and all department sponsored events for potential future use. All photos will remain the property of the Granby Recreation and Leisure Services Department and may be used in future program guides, brochures, pamphlets, or news releases for promotional purposes or in recognition of department sponsored events. Photos may be used for up to 10 years after the picture was taken. If you do not wish to have you or your child's picture taken, please notify a member of the staff or the instructor prior to the event.

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Parent/Guardian Signature

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Date