

**CSA 20 – JOSHUA TREE RECREATION DEPARTMENT
PRESCHOOL INFORMATION SHEET**

Child's Name _____ Age: ___ Birth Date: ___/___/___
Please Print First Middle Last

Street Address: _____/_____/_____
 Number Street City Zip

Mailing Address: _____

Email Address: _____

Parent/Guardian Name: _____ Home#: _____ Work#: _____

Parent/Guardian Name: _____ Home#: _____ Work#: _____

Local alternate emergency Contact Name: _____ Phone: _____

Alternate person (people) picking up child: _____

Medication: _____

Please list any health problems or food allergies: _____

If your child contacts a communicable disease i.e. chicken pox, hepatitis, mumps, etc., you must obtain a medical release prior to the student returning to school.

Right Handed or Left Handed: R _____ L _____

Dear Parents/Guardians:
We are looking forward to having your child participate with us in our preschool program. We want to know your child as well as possible prior to the beginning of preschool, as well as, becoming friends during the program. Please use the area below to tell us general things about your child, such as interests, likes, dislikes, etc.

(Signature of Parent/Guardian)

(Date)

Print Name: _____

**CSA 20 – JOSHUA TREE RECREATION DEPARTMENT
PRESCHOOL HOLD HARMLESS AGREEMENT**

As a legal guardian representing _____, a minor participant, in consideration of participating in the Preschool, agrees to release, identify, and hold harmless the County of San Bernardino, C.S.A. 20 – Joshua Tree Recreation Department, it's officers, employees and volunteers from any and all liability from any accidents, injuries, loss of and/or damage due to my child's participation in this program. I/we are aware and acknowledge that there are certain risks or possible dangers in participation in this activity. I also give permission to use my child's likeness in any and all advertising done by the C.S.A.20 –Joshua Tree Recreation Department.

I HAVE CAREFULLY READ THIS RELEASE AND HOLD HARMLESS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT IT IS A FULL RELEASE OF ALL LIABILITY AND SIGN IT OF MY OWN FREE WILL.

(Signature of Parent/Guardian)

(Date)

Print Name: _____

NOTICE: C.S.A. 20 – Joshua Tree Recreation Dept. carries NO MEDICAL ISURANCE in case of injury while participants are taking part in such events.