409 First Street North
Virginia, MN 55792
218-741-7441
appletreelc@gmail.com
www.appletreelc.org

Child Information

Last Name: _____
First Name: _____
Date of Birth: _____M / F
Application Date: _____App Fee: ____
Wait Date: _____ Enrollment Date: _____

Primary Contact

Name Last: _____First: _____ Email: _____
Relationship: _____ Address: _____ City: _____ Zip: _____
PHONE: Primary: _____ Secondary: _____
Work Place: _____ Work Phone: _____ Ext: _____

Secondary Contact

Name Last: _____First: _____ Email: _____
Relationship: _____ Address: _____ City: _____ Zip: _____
PHONE: Primary: _____ Secondary: _____
Work Place: _____ Work Phone: _____ Ext: _____

* * * **Emergency contacts** if we are unable to reach the above contacts * * *

These people assume responsibility in a medical emergency AND are authorized to pick up the child in a non-emergency situation.

Emergency Contact (Different from all previous contacts)

Name Last: _____First: _____
Relationship: _____ Address: _____ City: _____ Zip: _____
PHONE: Primary: _____ Secondary: _____
Work Place: _____ Work Phone: _____ Ext: _____

Emergency Contact (Different from all previous contacts)

Name Last: _____First: _____
Relationship: _____ Address: _____ City: _____ Zip: _____
PHONE: Primary: _____ Secondary: _____
Work Place: _____ Work Phone: _____ Ext: _____

Primary Medical: Name: _____Address: _____Phone: _____

Emergency Medical

Name: _____ Address: _____Primary Phone: _____

Dental Contact: Name: _____Address: _____Phone: _____

Emergency Dental

Name: _____ Address: _____Primary Phone: _____

Medical Authorization: If a primary or secondary contact cannot be reached or is delayed in arriving in a medical emergency, I authorize Apple Tree's nearest source of emergency medical care to treat my child.

Authorized Signature_____ Date _____

Medical Information needed by emergency personnel (include allergies and identifying marks):

Agreement: I understand that it is my responsibility to keep this form current. Apple Tree is not liable if any of the information on this form is inaccurate or outdated. I will notify Apple Tree in writing of any changes in the information I have provided.

Signature: _____ Date: _____