



Legal Guardian  Aunt  Uncle  Grandmother  Grandfather

If there is a separation or divorce in the family, or if the child resides with a legal guardian, please complete the section below:

If separated or divorced, with which parent does the child primarily reside? \_\_\_\_\_

Please describe the custody agreement regarding either parent visiting classes or taking the child from school:

\_\_\_\_\_

Name of legal guardian \_\_\_\_\_

### Emergency Contacts/Authorized Individuals To Whom Your Child May Be Released

1. \_\_\_\_\_  
(Name) (Home Phone) (Cell Phone) (Relationship)

2. \_\_\_\_\_  
(Name) (Home Phone) (Cell Phone) (Relationship)

3. \_\_\_\_\_  
(Name) (Home Phone) (Cell Phone) (Relationship)

4. \_\_\_\_\_  
(Name) (Home Phone) (Cell Phone) (Relationship)

Doctor's Name \_\_\_\_\_ Phone Number \_\_\_\_\_

### EMERGENCY TREATMENT

In the event of an emergency requiring immediate medical attention, I give permission for the staff at NPBC WDS to authorize medical treatment for my child. I understand that every attempt will be made to contact me, the child's physician, and/or persons listed on the emergency contact list. I understand that my child will be taken to the nearest hospital emergency room. I will not hold North Peachtree Baptist Church or the Weekday School responsible and will assume full responsibility for all related charges.

Name of Child \_\_\_\_\_ Parent Signature \_\_\_\_\_

In making application for my child, I understand that tuition is charged on an annual basis. I understand that requests for withdrawal should be made with at least a 30 day notice. Any tuition refunds are subject to a 60 day review and may or may not be granted.

Parent Signature \_\_\_\_\_