

Admission date: \_\_\_\_\_

Discharge date: \_\_\_\_\_

**All Friends Learning Center**  
at Nasson Community Center  
457 Main Street, Springvale, ME 04083  
(207) 324-5657      www.nassoncc.org

**Child's name:** \_\_\_\_\_ **Birth date:** \_\_\_\_\_

Physical address: \_\_\_\_\_ Telephone: \_\_\_\_\_

Mailing address (if different from above): \_\_\_\_\_

**Father's name:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_

Physical address (if different from above): \_\_\_\_\_

Place of employment: \_\_\_\_\_ Work telephone: \_\_\_\_\_

Physical address of employer: \_\_\_\_\_

Cell 'phone: \_\_\_\_\_ E-mail: \_\_\_\_\_ Pager: \_\_\_\_\_

**Mother's Name:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_

Physical address (if different from above): \_\_\_\_\_

Place of employment: \_\_\_\_\_ Work telephone: \_\_\_\_\_

Physical address of employer: \_\_\_\_\_

Cell 'phone: \_\_\_\_\_ E-mail: \_\_\_\_\_ Pager: \_\_\_\_\_

**Next of kin, other than parents - name, physical address, telephone:**

1. \_\_\_\_\_

2. \_\_\_\_\_

**Emergency contacts, other than parents and next of kin – name, physical address, telephone:**

1. \_\_\_\_\_

2. \_\_\_\_\_

**Persons permitted to remove child from the Center:** \_\_\_\_\_

\_\_\_\_\_

This facility **MUST** be notified by the parent when regular transportation or pickup methods will vary.

**Family Physician – name, physical address, telephone:**

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I hereby give my consent, in the event of a medical emergency when I cannot be contacted, for child care staff to obtain whatever treatment may be deemed necessary for

(Child's name): \_\_\_\_\_ (Birth date): \_\_\_\_\_

This authorization includes my consent for the above-named child to receive treatment by a physician in any hospital emergency department.

**Known allergies:**

**Known medical problems:**

**Last tetanus shot:**

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**Parent or guardian signature**

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**Witness/Provider**

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**Date**