

Attach a Recent
Photograph of
Your child Here

Copper Cubs Preschool

Copper Hills High School
5445 W. New Bingham Highway
West Jordan, Utah 84081
801-256-5300

Child's Name _____

Date of Birth _____ Male _____ Female _____

Home Address _____

Parent's Name _____

Home Phone _____ Cell Phone _____

Email Address _____

Special Information (Food Allergies etc.) _____

Session Desired (circle one) Monday/Wednesday Tuesday/Thursday

Person(s) to Contact if Parents/Guardians are unavailable

Name _____ Relationship to Child _____

Address _____ Phone _____

Name _____ Relationship to Child _____

Address _____ Phone _____

In the event that I cannot be reached, I hereby give my permission for my child to receive any necessary emergency medical care or treatment. I understand that every effort will be made to contact the Parent/Guardian or emergency contact before such action is taken. I will be responsible for the payment of such care or treatment.

_____ Date _____

Signature of Parent/Guardian