

**First Presbyterian Preschool
2022\23 Student Information Form**

Please complete one form per child

Child's full name: _____

Child's preferred name: _____

Date of Birth: _____ Age: _____ Gender: _____

Child's home address: _____

Child's home phone: (____) ____-____ Child's T-shirt size _____

PARENT/GUARDIAN INFORMATION

Name: _____ Relation to child: _____

Home address (if different from above): _____

Home phone: (____) ____-____ Cell phone: (____) ____-____

Work phone: (____) ____-____ Email address: _____

Occupation: _____ Place of employment: _____

Name: _____ Relation to child: _____

Home address (if different from above): _____

Home phone: (____) ____-____ Cell phone: (____) ____-____

Work phone: (____) ____-____ Email address: _____

Occupation: _____ Place of employment: _____

SIBLINGS

Name: _____ Gender _____ Age _____ Same home: YES or NO

Name: _____ Gender _____ Age _____ Same home: YES or NO

Name: _____ Gender _____ Age _____ Same home: YES or NO

Please list anyone else living with the child and their relationship to the child:

PICK-UP

Persons AUTHORIZED to pick up child:

Name & Number _____

Relation to Child _____

Name & Number _____

Relation to Child _____

Persons who may **NOT** pick up child: _____

If parents work, who keeps the child in their absence?

Name _____

Relation to Child _____

Phone Number _____ Mobile _____

EMERGENCY CONTACT: In the event of an emergency, please indicate your name and phone number where YOU *and* another authorized person can be reached:

Mother's name: _____ Phone: _____

Father's name: _____ Phone: _____

Another authorized person's name: _____

Phone: _____ Address: _____

Child's Physician: _____ Phone: _____

Address: _____

Child's Dentist: _____ Phone: _____

Address: _____

FIRST AID:

In the event of an emergency, I authorize staff to provide any first aid care deemed necessary for my child.

Signature Date

EMERGENCY CARE

In the event of an emergency in which I cannot be reached, the physician listed above, and the local hospital are hereby authorized to provide any emergency care deemed necessary for my child.

Signature

Date

STUDENT INFORMATION

HEALTH

Does your child wear glasses? Yes No

Has your child been exposed to nut products? Yes No

Has your child been stung by a bee? Yes No

Does your child have any allergies? Yes No

If yes, list allergies, and special precautions and treatment indicated: _____

List any medications that the child takes regularly, including vitamins and over-the-counter medications:

List any chronic physical problems and any history of hospitalization:

What contagious diseases has the child had?

Measles Mumps Rheumatic Fever Scarlet Fever Whooping Cough Chicken Pox

Other: _____

DEVELOPMENT, PLAY, and SOCIAL EXPERIENCES

My child is: right-handed left-handed

Has child had a previous group or preschool experience? Yes No

If yes, list where and when:

What word does the child use for toileting? _____

Does the child have any bowel or bladder irregularities? Yes No

If yes, list: _____

Is there any special food or eating instructions? Yes No

If yes, list: _____

What are your child's favorite toys & activities?

In most cases, how would you describe your child's temperament?

Does your child have any fears we need to be aware of?

PARENTS' IMPRESSIONS

In what ways would you like to see your child develop during the year?

What else do we need to know about your child?
