

**Preschool Information Packet**

Please provide a recent photo of your child:



Child’s Name (first): Click here to enter text. (last): Click here to enter text.

Child’s Date of Birth: Click here to enter text.

Parent/Guardian: Click here to enter text. Cell #: Click here to enter text.

Work #: Click here to enter text. Home #”: Click here to enter text.

Email: Click here to enter text.

Parent/Guardian: Click here to enter text. Cell #: Click here to enter text.

Work #: Click here to enter text. Home #: Click here to enter text.

Email: Click here to enter text.



Tell Us About Your Child!

What would your child like to be called at school? Click here to enter text.

Any siblings at home? Click here to enter text.

Extended family? Pets? Click here to enter text.

What does your child like to do? (favorite books, activities, characters): Click here to enter text.

If your child is upset, what is the best way to comfort him/her? Click here to enter text.

Is your child potty-trained/training? Click here to enter text.

Is there anything else you would like to share with us about your child? Click here to enter text.

**MEDICAL INFORMATION/AUTHORIZATION:**

**Please list any allergies:**Click here to enter text.

Does your child have an EPI pen? Click here to enter text.

**\*If your child has any serious allergies requiring an EPI pen, please complete the allergy information form and attach a copy of his/her allergy action plan. We require a labelled EPI pen to be kept on site while children are in the program.**

**\*Please attach a copy of your child’s most recent physical examination, including immunization record. Children *cannot* participate without a physical on file.**

Parent/Guardian Authorizations:

All information provided for my child, Click here to enter text.is correct and complete as far as I know. My child, Click here to enter text. has permission to engage in all classroom activities except as noted.

I hereby give permission to provide routine health care by the physician selected by Preschool staff, to secure and administer treatment, including prescribed medications, and seek emergency medical treatment including ordering x-rays or routine tests. I agree to the release of any records necessary for hospitalization, for the child named above. This completed form may be photo- copied.

In the event I cannot be reached in an emergency, I hereby give my permission for treatment, emergency transportation to health care facility, referral, billing, or insurance purposes. I give permission to arrange necessary related emergency transportation for me/my child.

Signature of parent/guardian: Click here to enter text. Date: Click here to enter text.

**Insurance Information**

Is the participant covered by family medical/hospital insurance?  Yes  No

If so, indicate carrier or plan name: Click here to enter text.

Group #: Click here to enter text.

**Family Physician:** Click here to enter text. Phone Click here to enter text.

Address: Click here to enter text.

**Family Dentist:**Click here to enter text.Phone Click here to enter text.

Address: Click here to enter text.



**EMERGENCY CONTACTS**

In the event of illness or an emergency, please use this form to indicate who we may contact. Please bear in mind that they should be individuals who would be available to pick up your child during morning hours. We will call parents/guardians first, unless otherwise indicated by you.

|  |
| --- |
| Name: Click here to enter text. Relationship to child: Click here to enter text. |
| Cell#: Click here to enter text. Work #: Click here to enter text. |
| Home #: Click here to enter text. |

|  |
| --- |
| Name: Click here to enter text. Relationship to child: Click here to enter text. |
| Cell#: Click here to enter text. Work #: Click here to enter text. |
| Home #: Click here to enter text. |

|  |
| --- |
| Name: Click here to enter text. Relationship to child: Click here to enter text. |
| Cell#: Click here to enter text. Work #: Click here to enter text. |
| Home #: Click here to enter text. |

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| --- |
| Name: Click here to enter text. Relationship to child: Click here to enter text. |
| Cell#: Click here to enter text. Work #: Click here to enter text. |
| Home #: Click here to enter text. |

|  |
| --- |
| Name: Click here to enter text. Relationship to child: Click here to enter text. |
| Cell#: Click here to enter text. Work #: Click here to enter text. |
| Home #: Click here to enter text. |



**RELEASE AUTHORIZATION**

We are only able to release your child to those you have authorized. Please use this form to include anyone who may be picking up your child (grandparents, babysitters, friends), and let them know that we will need to see a form of ID to verify that they have been authorized by you. (Please only use this form if there are *additional* individuals not included on your list of emergency contacts.)

|  |  |
| --- | --- |
| Name: Click here to enter text. | Relationship to Child: Click here to enter text. |
| Cell #: Click here to enter text. |  |

|  |  |
| --- | --- |
| Name: Click here to enter text. | Relationship to Child: Click here to enter text. |
| Cell #: Click here to enter text. |  |

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| Name: Click here to enter text. | Relationship to Child: Click here to enter text. |
| Cell#: Click here to enter text. |  |

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| Name: Click here to enter text. | Relationship to Child: Click here to enter text. |
| Cell#: Click here to enter text. |  |

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| --- | --- |
| Name: Click here to enter text. | Relationship to Child: Click here to enter text. |
| Cell #: Click here to enter text. |  |



**Allergy Information Form**

**Child’s Name:** Click here to enter text. **Date:** Click here to enter text.

**Please complete this form if your child has a severe allergy that requires the use of an EPI pen or other medication.**

**Please provide the following for information for *each* allergen:**

**Allergen:** Click here to enter text.

**Reaction if child comes into contact with/touches allergen:** Click here to enter text.

**Treatment:** Click here to enter text.

**Reaction if child ingests allergen:** Click here to enter text.

**Treatment:** Click here to enter text.

**Allergen:** Click here to enter text.

**Reaction if child comes into contact with/touches allergen:** Click here to enter text.

**Treatment:** Click here to enter text.

**Reaction if child ingests allergen:** Click here to enter text.

**Treatment:** Click here to enter text.

**Allergen:** Click here to enter text.

**Reaction if child comes into contact with/touches allergen:** Click here to enter text.

**Treatment:** Click here to enter text.

**Reaction if child ingests allergen:** Click here to enter text.

**Treatment:** Click here to enter text.

**Allergen:** Click here to enter text.

**Reaction if child comes into contact with/touches allergen:** Click here to enter text.

**Treatment:** Click here to enter text.

**Reaction if child ingests allergen:** Click here to enter text.

**Treatment:** Click here to enter text.

**Allergen:** Click here to enter text.

**Reaction if child comes into contact with/touches allergen:** Click here to enter text.

**Treatment:** Click here to enter text.

**Reaction if child ingests allergen:** Click here to enter text.

**Treatment:** Click here to enter text.

**Allergen:** Click here to enter text.

**Reaction if child comes into contact with/touches allergen:** Click here to enter text.

**Treatment:** Click here to enter text.

**Reaction if child ingests allergen:** Click here to enter text.

**Treatment:** Click here to enter text.

**Allergen:** Click here to enter text.

**Reaction if child comes into contact with/touches allergen:** Click here to enter text.

**Treatment:** Click here to enter text.

**Reaction if child ingests allergen:** Click here to enter text.

**Treatment:** Click here to enter text.