

STUDENT INFORMATION FORM FOR LICENSE EXEMPT FACILITIES

CHILD'S NAME _____ BIRTHDATE _____

ADDRESS (STREET, CITY, STATE, ZIP CODE) _____

E-MAIL _____ HOME PHONE _____ OTHER PHONE _____

MOTHER'S NAME _____ FATHER'S NAME _____

ADDRESS _____ ADDRESS _____

EMPLOYED BY _____ EMPLOYED BY _____

ADDRESS/PHONE _____ ADDRESS/PHONE _____

HOURS OF EMPLOYMENT _____ HOURS OF EMPLOYMENT _____

1ST EMERGENCY CONTACT CALL /RELATION _____

ADDRESS/PHONE _____

2ND EMERGENCY CONTACT CALL/RELATION _____

ADDRESS/PHONE _____

CHILD'S RELIGION _____ BAPTIZED _____ YES _____ NO _____ DATE _____

NICK NAME _____ PET(S) NAME _____

FAVORITE ACTIVITIES _____

FRIENDS _____ FAVORITE COLOR _____ HAND PREFERENCE _____

HAS YOUR CHILD EVER EXPERIENCED A FRIGHTFUL TIME? IF SO, PLEASE EXPLAIN _____

IS YOUR CHILD HAPPY ABOUT COMING TO A NEW SCHOOL? _____

PREVIOUS PRESCHOOL EXPERIENCE? _____ WHERE? _____

SIBLINGS: _____ BROTHER/SISTER (AGE) _____ BROTHER/SISTER (AGE) _____

_____ BROTHER/SISTER (AGE) _____ BROTHER/SISTER (AGE) _____

ANYONE ELSE LIVING AT THE HOME? _____

CHILD'S GENERAL HEALTH _____

CHILD'S SLEEP HABITS _____

PLEASE TELL US ANYTHING YOU FEEL WE SHOULD KNOW ABOUT YOUR CHILD _____

ACTIVITIES TO BE ENCOURAGED _____

ANY PHYSICAL LIMITATIONS? PLEASE LIST _____

THE SCHOOL HAS MY PERMISSION TO PHOTOGRAPH MY CHILD DURING SCHOOL ACTIVITIES AND FIELD TRIPS ___ YES ___ NO

THE SCHOOL HAS MY PERMISSION TO RELEASE MY CHILD TO THE PERSON/PERSONS LISTED IN CASE OF EMERGENCY _____

SIGNED _____ SIGNED _____

MOTHER _____ FATHER _____

PLEASE PRINT NAME

PLEASE PRINT NAME

DATED: _____ DATED _____

FOR STAFF ONLY:

ACCEPTED BY: _____ DATED _____

HEALTH INFORMATION FORM

EMERGENCY INFORMATION:

CHILD'S NAME _____ AGE: _____ SEX: _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

BIRTHDATE _____ HOME TELEPHONE _____

FATHER'S NAME _____ MOTHER'S NAME _____

FATHER'S OTHER PHONE _____ MOTHER'S OTHER PHONE _____

PHONE NUMBER WHERE CHILD WILL BE BEFORE SCHOOL BEGINS _____

IN CASE OF EMERGENCY (IF PARENTS ARE NOT IMMEDIATELY AVAILABLE):

NAME _____ RELATION _____ PHONE _____

NAME _____ RELATION _____ PHONE _____

MY CHILD'S IMMUNIZATIONS ARE CURRENT? _____ YES _____ NO _____ DO NOT IMMUNIZE

PERMISSION FOR EMERGENCY PROCEDURE:

THE SCHOOL HAS MY PERMISSION TO CALL MY DOCTOR IN AN EMERGENCY IF I CANNOT BE REACHED? _____ YES _____ NO

DOCTOR: _____ ADDRESS _____ PHONE _____

MY CHILD _____ IS ALLERGIC TO THE FOLLOWING MEDICATIONS, FOODS, AND/OR BITES (IF NONE, PLEASE STATE)_____

_____.

THE SCHOOL HAS MY PERMISSION IN AN EMERGENCY WHEN I OR MY PHYSICIAN SPECIFIED CANNOT BE REACHED TO TAKE MY CHILD TO THE NEAREST EMERGENCY ROOM OF THE NEAREST HOSPITAL. THE HOSPITAL AND MEDICAL STAFF HAVE MY AUTHORIZATION TO PROVIDE TREATMENT WHICH A DOCTOR DEEMS NECESSARY FOR THE WELL BEING OF MY CHILD. IF POSSIBLE, I PREFER _____ HOSPITAL AS MY FIRST CHOICE.

_____ DATE:_____

SIGNATURE OF PARENT OR GUARDIAN

PRINTED NAME:_____