

The following emergency contacts have permission to access my child's records and pick up my child.

Local: Name: _____ Phone: _____ Cell: _____ Address: _____ Name: _____ Phone: _____ Cell: _____ Address: _____

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The preschool has my permission to list my child's name and our family's name, address, and telephone number in a directory which will be distributed to Preschool families. Yes No

The preschool has my permission to post pictures taken of my child within the school and on the web site. Yes No

Preschool families are invited to participate in all church activities. Would your family like to receive the church newsletter and other mailings? Yes No

All information provided on this form must be kept current throughout the school year and will be kept confidential.

(Must be completed by preschool staff)
Proof of Identity:
Document: Passport Birth Certificate Issued By: _____
File #: _____ Date of Issue: _____

Registration fee paid: Check No. _____ Cash ____
Last month's tuition paid: Check No. _____ Cash ____

Child Information Sheet



We would appreciate knowing about your child and family so our teachers can plan curriculum and circle time with your child's unique circumstances and needs in mind.

Child's Name (include preferred name) _____ Birthdate: _____

Allergies (outdoor/indoor/foods) _____

Does your child have an Epi Pen? _____ Yes _____ No ****If yes, you must fill out a Medication Authorization form.**

Food restrictions _____

FAMILY LIFE

Adults who live in the home _____

Other Children in Family:

Name _____ DOB: _____

Name _____ DOB: _____

Name _____ DOB: _____

Name _____ DOB: _____

Pets _____

Race: _____ Language(s) spoken at home _____

Religion: _____ Special holidays/traditions _____

Does your child have any fears? _____

Does your child have a comfort/security item? _____

Opportunities to play with other children? _____

Favorite activities _____

Do you wish to provide teachers with any information that will help them to understand your child's home situation more clearly?

HOME/SCHOOL

Is there any learning/behavioral difficulty that you, as a parent, think your child may be exhibiting? If yes, please explain _____

___ Please check if you wish to meet with school staff to discuss any particular health/behavioral issues.

Is your child receiving any special services from County agencies or from a private source? If yes, please explain _____

What are his/her feelings about attending preschool? _____

Is there any other information that you feel would help us better serve your child's needs?

CHILDCARE HISTORY

My child did ___ did not ___ attend preschool, Mother's Day Out, etc. last year.

Name of previous school/program and years attended _____

Has your child ever been with a caregiver during the day? _____

If your child is currently with a caregiver, please indicate name, relationship, inside/outside your home and number of hours _____

PARENTAL INVOLVEMENT

In addition to your duties as a Parent Helper, we welcome parents' participation in our classrooms! If you have any special skills or talents, if you work in a "community helper" profession (i.e., medicine, police, dentistry, art, plumbing, electrical, vet, work with specialized vehicles, etc.), if you like to read stories to children, build, cook, and/or have outdoor skills, please let us know if you are willing to share your skills/talents/vehicles with a classroom. You aren't limited to the above suggestions!

Authorization for Emergency Treatment

In case of a medical emergency, the Fairfax Presbyterian Preschool has my permission to take my child to the emergency room of the nearest hospital and to provide the following health information as needed. The hospital and its medical staff have my authorization to provide treatment which a physician deems necessary for the well-being of my child.

Child's Name: _____ Date of Birth _____

Child's Dr.: _____ Telephone No.: _____

Date of Last Tetanus shot: _____

Outstanding medical history (include **allergies** and medications child is taking): _____

Insurance Information

Insurance Company: _____

Identification / Policy No: _____

Policy holder's Employer: _____

Policy holder's telephone No: _____

DATE

SIGNATURE OF PARENT OR GUARDIAN