

Second Presbyterian Preschool

Child Information Form

Child's Name _____ DOB _____

Primary Guardian's Name _____ Phone _____

Employer _____ Email _____

Secondary Guardian's Name _____ Phone _____

Employer _____ Email _____

Home address _____ City _____ Zip _____

Date Enrolled in Center _____

Emergency Contact Information

Name of person to call if guardians cannot be reached _____

Relationship _____ Phone _____

Address _____

Is this person authorized to take the child from the center (please circle one): YES NO

List all other adults who are authorized to take your child from the center

Name _____ Phone _____

Relationship _____ Address _____

Name _____ Phone _____

Relationship _____ Address _____

Name _____ Phone _____

Relationship _____ Address _____

Medical Information

Child's Physician or Emergency Treatment Facility _____

Phone _____ Address _____

I, _____, (mother, father, guardian) of _____ (child's name), do hereby give my consent to the director of Second Presbyterian Preschool, or her representative, for said child to receive medial or surgical aid as may be deemed necessary and expedient by a duly licensed or recognized physician or surgeon in case of an emergency when the parents cannot be reached. Consent is also given for the director, or her representative, to transport said child for emergency medical treatment if the parents cannot be reached.

Signed _____ Date _____ Witness _____ Date _____

I give do not give (circle one) the director of Second Presbyterian Preschool or her appointed representative permission to give _____ (child's name) acetaminophen. I understand I will be notified before the medication has been administered.

Parent's Signature _____ Date _____

Developmental

Physical or emotional problems _____

Special Feeding Needs: _____ Formula _____ Diabetic diet _____ Food allergies (list) _____

_____ Comments _____

Medications _____

Allergies _____

_____ Diabetes _____ Frequent colds _____ Biting _____ Sun Sensitivity _____ Seizures _____

_____ Fainting spells _____ Bed wetting _____

Comments or additional concerns _____

Is child toilet trained? Yes No

Siblings (please list names and ages) _____

Photographing

I give permission for my child to be photographed for classroom and school use only.

Parent's signature _____ Date _____

Conferences

I understand that I may ask for a conference with my child's caregivers as needed.

Parent's Signature _____ Date _____

Bring this completed form along with your child's current immunization record, health assessment completed by your child's pediatrician, and a current copy of your health insurance information to check-in.