

# Preschool Child Information Sheet

Child's name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ M/F: \_\_\_\_\_

Address: \_\_\_\_\_ Child prefers to be called: \_\_\_\_\_

Siblings' names/Ages: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Father's name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Phone #'s: (Cell) \_\_\_\_\_ (W) \_\_\_\_\_ (H) \_\_\_\_\_

Mother's name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Phone #'s: (Cell) \_\_\_\_\_ (W) \_\_\_\_\_ (H) \_\_\_\_\_

Email Addresses: \_\_\_\_\_

Does Child reside with both parents? \_\_\_\_\_ If no, please indicate primary caregiver: \_\_\_\_\_

How can you be contacted? Phone (Y/N) \_\_\_\_\_ Text (Y/N) \_\_\_\_\_ Email (Y/N) \_\_\_\_\_

## Social Relationships

Has your child had experience playing or interacting with other children?

By Nature is your child: Friendly \_\_\_\_\_ Aggressive \_\_\_\_\_ Shy \_\_\_\_\_ Other \_\_\_\_\_

Is your child frightened by anything? \_\_\_\_\_

What are some of your child's favorite toys? \_\_\_\_\_

What type of home discipline works best for your child? \_\_\_\_\_

Is there anything else about your child you would like me to know?

Please list the names and phone numbers of person(s), your child may go home with besides his/her parent(s):

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

## Physical Record

Any serious illnesses or hospitalizations? \_\_\_\_\_

Any known allergies? \_\_\_\_\_

Any medications given on a regular basis? \_\_\_\_\_

Are there any foods your child cannot eat? \_\_\_\_\_

Is your child toilet trained? \_\_\_\_\_ Do they need help going to the bathroom? \_\_\_\_\_

Emergency contact person \_\_\_\_\_ Phone \_\_\_\_\_

If a parent cannot be notified, and emergency care is necessary, I hereby give my permission for this student to be transported to the nearest hospital and I give permission for the hospital to give emergency treatment as may be needed. I will assume responsibility for fees incurred by such an emergency.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

## Photo Release Form

Throughout the school year we will be taking student's photos for a slide show, end of the year photo book, or to put on Super-Kids face book page or advertising. Please sign the below photo release.

I grant Super-Kids Preschool the right to take photographs of my child. I authorize Super-kids Preschool, its assigns and transferees to copyright, use and publish the same in print and/or electronically. I agree that Super-kids preschool may use such photographs of my child with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and web content.

Permission to take pictures of child as stated above:

Yes

No

Signature \_\_\_\_\_

Printed Name \_\_\_\_\_

Child's Name \_\_\_\_\_

Date \_\_\_\_\_