

Today's Date: _____

Date Care Begins: _____

Child's Name _____

Child's Age _____ Birthday _____

Nickname _____

Address _____

Contact Info:

Mother's Name _____

Father's name _____

(Mother) Work Phone: _____ Cell: _____

(Father) Work Phone: _____ Cell: _____

Parent's Email Address: _____

Parent's Name On Facebook: _____

(optional to be added to St. E Pre-K FB group page)

Primary Pick Up Person and Phone #: _____

Emergency Contact

#1 _____ phone: _____

Emergency

Contact #2 _____ phone: _____

Additional Contact #3 _____

Child's Living Arrangement _____

Any custody papers or judgments that have bearing on who may or may not pick your child up must be on file.

Your Child's Health

CHILD'S HEALTH RECORD: (A copy of your child's immunizations and current physical will be needed by the first day of school)

Child's Name: _____

General state of health:

Doctor's name _____

Doctor's phone _____

Dentists' name: _____

Dentists' phone: _____

Are your child's immunizations up to date? _____ (Please attach a copy of immunizations. This should include the signature of nurse or doctor who administered medications.)

Does your child have any known allergies?

Are you concerned that your child may be prone to any type of allergies? _____ Describe:

Does your child have any medical and / or behavioral conditions which I should be made aware of?

Has your child had the following common childhood illnesses?
(please circle)

Constipation

Asthma

Convulsions

Bronchitis

Diarrhea

Chicken Pox

Fainting Spells

Diabetes

Frequent Colds

Heart Disease

Frequent Ear Infections

Hepatitis

Frequent Sore Throats

Impetigo

Lice

Measles

Ringworm

Mumps

Skin Rash

German Measles

Soiling

Polio

Stomach Upsets

Scarlet Fever

Urinary Problem

Tuberculosis

Worms

Whooping Cough

Explain from above and date of occurrence: _____

Does your child have any speech, hearing or visual problems?

Would there be any restrictions to play or activities?

About Your Child

Has your child ever been in child care before? _____ What type? (center, family daycare, grandma etc.) _____

Was this a positive experience? _____

Are there any recent traumatic situations the child has been exposed to? (such as a death in the family, divorce, new sibling etc.)

Has your child had experience playing with other children?

What is your child's temperament? (Are they easy going, hard to please, demanding, aggressive, shy etc.)

Are there any food restrictions?

What is your child's favorite food?

What food does your child dislike?

Are there any siblings? Please name them and specify ages and gender.

Name _____ age _____ gender _____

Name _____ age _____ gender _____

Name _____ age _____ gender _____

More about your child cont'd

What are your child's favorite activities, toys, books, or games? _____

_____ Are there any other comments or information you would like to let me know about?

Any specific concerns? _____

My child may be release to the person(s) listed.

Name Relationship Street Address, City, State, and Zip

Emergency Medical Authorization

St. Elizabeth's Episcopal Pre-School

16491 Highway 144, Richmond Hill, Ga 31324

Phone (912) 727-2650

Should (child's name) _____ suffer an injury or illness while in the care of St. Elizabeth's Episcopal Pre-School and the program is unable to contact me immediately, it shall be authorized to secure such medical attention and care for the child as may be necessary. I (we) agree to keep the program informed of changes in telephone numbers, etc. where I can be reached.

The program agrees to keep me informed of any incidents requiring professional medical attention involving my child.

Child's Primary Source of Health Care

Physician/Clinic Name

Telephone Number

Medical Coverage

Policy Holder Name

Insurance Company and Policy #

Known medical conditions (i.e. diabetic, asthma, drug allergies)

Parent/Legal Guardian

Child's Name _____

Parent/Guardian Name _____

Signed _____ Date _____

Emergency Telephone Number _____

Authorization to Dispense External Preparation

St. Elizabeth's Episcopal Pre-School

[16491 Highway 144, Richmond Hill, GA](#) 31324

Phone (912) 727-2650

Child's Name _____ Date _____

I hereby give St. Elizabeth's Episcopal Pre-School permission to apply one or more of the following external preparations, in accordance with directions on the container:

Baby Wipes

Band-Aids

Neosporin, Bacitracin or similar ointment

Sunscreen

Fabric Softener- used as insect repellent

Non-prescription ointment (such as A&D, Desitin, Vaseline)

Bug Spray

I hereby request St. Elizabeth's Episcopal Pre-School to administer the checked external preparations in accordance with the directions on the container.

Parent/Legal Guardian

Print Name _____

Signed _____ Date _____

Authorization for Dispensing Medication

St. Elizabeth's Episcopal Pre-School
16491 Highway 144, Richmond Hill, Ga 31324 Phone (912) 727-2650

To Be Completed By Attending Physician:

Child's Name _____ Diagnosis _____

Medication _____ Route of Administration _____

Dosage _____ Time and Frequency _____ Duration of
Treatment _____

Possible side effects or adverse

reactions _____

Physician's Name _____ Telephone Number _____

Physician's

Signature _____ Date _____

To Be Completed By The Parent/Legal Guardian:

I Authorize the St. Elizabeth's Episcopal Pre-School Director to administer the medication prescribed by _____.

Parent/Guardian Name _____ Telephone Number _____

Parent/Guardian

Signature _____ Date _____

Picture Permission Form

St. Elizabeth's Episcopal Pre-School
16491 Highway 144, Richmond Hill, Ga 31324 Phone (912) 727-2650

I give permission for photographs, videos and or slides to be taken of _____ while participating in school programs and or activities. I understand that these photographs, videos and or slides may be used for brochures, presentations and Facebook to parents and other interested groups, and for public relations purposes.

I would like to be invited to the Preschool private Facebook page.

Yes _____ No _____

If yes, please provide your name as it appears on your FB page

Parent/Guardian

Child's Name _____

Parent/Guardian Name _____

Signature _____ Date _____

Parental Agreement

St.Elizabeth's Episcopal Pre-School

[16491 Highway 144, Richmond Hill, GA](#) 31324

Phone (912) 727-2650

1. St. Elizabeth's Episcopal Preschool will provide care for _____ Monday, Tuesday, Wednesday and Thursday from 9 am until 1 pm. **A nutritious snack and lunch will be provided by the parent/guardian each day.**
2. Before any medication is dispensed to my child, I will provide a written authorization, which includes: date, name of child, name of medication, prescription number, dosage, and the date and time the medication is to be given. All medications must be in the original container with my child's name marked on it.
3. My child will not be allowed to enter or leave the facility without being escorted by the parent(s), person authorized by the parent(s), or program personal.
4. I acknowledge it is my responsibility to keep my child's records current to reflect any significant changes as they occur, (telephone numbers, work location, emergency contacts, physician, child's health status and immunization records).
5. The program agrees to keep me informed of any incidents, including illnesses, injuries, adverse reactions to medications, exposure to communicable diseases, which may include my child.
6. I have received a copy and agree to abide by the policies and procedures handbook for St. Elizabeth's Episcopal Pre-School.
7. I agree to read and follow the rules and policies included in the St. Elizabeth's Episcopal Pre-School Manual.
8. Method of payment: Check _____ Cash _____

Parent/Guardian

Print Name _____ SS#/DL# _____

Signed _____ Date _____

School Administrator

Print Name _____

Signed _____ Date _____