

Emergency Contacts (local) Name	Relationship	Phone Number
1.		
2.		

Drivers Authorized to Pick Up my Child (other than parents)	Relationship
1.	
2.	

Information about your child:

Is s/he left or right handed? _____

Does s/he have regular sleeping habits? _____

Does s/he have any food allergies? ____ List _____

Does s/he play out of doors regularly, weather permitting? _____

Does s/he have playmates in his/her age group? _____

What toys does s/he prefer? _____

Does s/he play independently? _____

Does s/he enjoy stories and poems? _____

Does s/he like to draw and paint? _____

Does s/he sing or respond to music? _____

Does s/he have any special abilities or interests? ____ Explain _____

Does s/he have any special fears? ____ If yes, please explain _____

Is there anything else that you feel the school should know about your child? _____

Illness

St. Stephen Preschool agrees to notify the parent or guardian whenever this child becomes ill, and the parent or guardian agrees to pick the child up as soon as possible. _____ (Please initial)

Medical Attention

In case of emergency, I give St. Stephen Preschool my permission to take my child to the nearest hospital. I give my permission to emergency room doctors to diagnose and treat my child to the best of their ability. _____ (Please initial)

Field Trips

My child has permission to participate in all the field trips planned by St. Stephen Preschool. If there is any exception, I will notify the teacher prior to the trip. _____ (Please initial)

Photographs

I consent to the use of photos and/or videos taken of my child by St. Stephen Preschool teachers. Photos may be submitted to the newspaper or used for educational and/or promotional purposes. _____ (Please initial)

Signature of Parent or Guardian _____