

Jack & Jill Information Sheet

1

Child's Full Name _____ Birth Date _____

Name your child prefers to be called _____

Address _____ City _____ Zip Code _____

Mother (Or Guardian) _____ Phone _____

Mother or Guardian's occupation and place of employment _____

Mother or Guardian's Phone _____

Father (Or Guardian) _____ Phone _____

Father or Guardian's occupation and place of employment _____

Father or Guardian's Phone _____

Name & Phone # of child's regular Child Care Provider _____

Names & Ages of Brothers & Sisters _____

Special Problems: Please list _____ Fears _____

Does your child take a daytime nap? _____ Insect Allergies _____

Please list other adults living in the home: _____

What benefits do you hope your child will receive from attending preschool? _____

Any additional information which will help the teachers meet your child's needs? _____

Do you have an interest/talent which you would like to share with our class? _____

Would you be interested in being on our Parent/Teacher Board? _____

Would you be interested in assisting in our classroom? _____

How would you like to receive information (monthly snack calendars, monthly newsletter, and information from your child's teacher) from the preschool? Please choose one of the following options: preschool's website _____ Emailed to you _____ Paper copy _____

EMERGENCY CONTACTS & AUTHORIZATION FOR PICKING UP CHILD

Child's Full Name _____

The people named below are authorized to pick up my child from Jack & Jill Preschool, between the date of _____ and until no longer enrolled.

Name: _____ Phone # _____

Address: _____

Name: _____ Phone # _____

Address: _____

Signature of Parent/Guardian _____ Date _____

Jack & Jill Information Sheet

2

Jack & Jill Preschool Field Trip Permission

I give permission for my child _____ to go on field trips with **Jack & Jill Preschool**. I expect the group to be reasonably safe-guarded: However, in case of an accident, I absolve the preschool of all liabilities. If the child becomes ill, the sponsor has my permission to call a physician at my expense

Physician's Name _____ Phone# _____

Physician's Address: _____

Signature of Parent/Guardian _____ **Date:** _____

Please read carefully & select ONE

1) I give permission for my child _____ to ride only with (family friend, staff or other assigned person) the people listed here:

2) I will drive on all field trips myself & wish for my child to ride only with me.

I HAVE CHOSEN OPTION # _____

Signature of Parent/Guardian _____ **Date** _____

Permission for Taking Pictures

I hereby give permission for Jack & Jill Preschool employees and/or others to take pictures of my child during Jack & Jill activities at the preschool or off the premises (on preschool field trips), and for such pictures to be used for publicity (newspaper articles, Jack & Jill's Website, Facebook page) and for program slide shows should the employees decide to do so.

Signature of Parent/Guardian _____ **Date** _____
