

WEXFORD CHILDREN'S CENTER
Wexford Christian Preschool
Parental Consent/Emergency Contact Information

Student's full name: _____
(please print) Last First Middle

Name to be used in school: _____ Date of birth: _____

Home address: _____

City: _____ State: _____ Zip code: _____ Phone: _____

Email address: _____

Child's gender (M or F): _____

School District in which family resides: _____

Mother's name: _____ Occupation: _____

Mother's address: _____

Employer: _____ Business phone: _____

Cell phone: _____

Father's name: _____ Occupation: _____

Father's address: _____

Employer: _____ Business phone: _____

Cell phone: _____

Two persons who will assume emergency responsibility for your child if you cannot be reached:

Name: _____ Phone: _____

Address: _____ Relationship: _____

Name: _____ Phone: _____

Address: _____ Relationship: _____

Persons to whom your child may be released: (Unless you specifically name someone in writing, they may not pick up your child. Having named them as an emergency contact does not give the authorization to pick up your child.)

Name: _____ Phone: _____

Address: _____ Relationship: _____

Name: _____ Phone: _____

Address: _____ Relationship: _____

General Medical :

Child's doctor: _____ Phone: _____

Address: _____

Health Insurance _____ Policy # _____

Child's specific health needs: _____

Allergies: _____

Other pertinent medical history (i.e. eye, ear, speech, emotional, physical): _____

Signature of Mother (or guardian): _____ Date: _____

Signature of Father (or guardian): _____ Date: _____

IN CASE OF EMERGENCY, I/WE HEREBY GIVE PERMISSION FOR EMERGENCY MEDICAL CARE TO BE SOUGHT FOR MY/OUR CHILD INCLUDING TRANSPORTATION TO THE NEAREST HOSPITAL IF NECESSARY. I/WE GIVE PERMISSION TO WEXFORD CHRISTIAN PRESCHOOL TO MAKE WHATEVER EMERGENCY MEASURES ARE JUDGED NECESSARY FOR THE CARE AND PROTECTION OF MY/OUR CHILD WHILE UNDER THE SUPERVISION OF THE SCHOOL (i.e. FIRST AID, DISASTER EVACUATION.) I/WE WILL TAKE FINANCIAL RESPONSIBILITY FOR ANY SUCH EMERGENCY CARE.

Signature of Mother (or guardian): _____ Date: _____

Signature of Father (or guardian): _____ Date: _____

I/We agree to update this information as changes occur:(Initials)_____ Date:_____

(Initials)_____ Date:_____

STUDENT INFORMATION

The following information will help the staff to get to know your child and to provide the best possible preschool experience for him/her. Please feel free to provide any additional information that you feel would help us to serve your child.

Home Environment:

Does your child have any siblings? If so, what are their names and birthdates?

In what area do you live? (i.e. name of township, school district and neighborhood)

Are there any special situations in your family or home that your child's teacher should be aware of?

Does your family have any pets? If so, what type and name? _____

Social Relationships:

Does your child _____ frequently _____ occasionally _____ almost never have the opportunity to play with children about his own age at home or in your neighborhood?

Has your child had any previous preschool experience? If so, where?

Does your child have any fears that we should know about? _____

Does your child have any favorite toys or items? If yes, please describe.

Does your child participate in any other activities? (i.e. church, library, dance, sports, etc.)

Family Participation:

Does anybody in your family have a career, talent or hobby that he/she would be willing to share?
