

**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: \_\_\_\_\_

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**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: \_\_\_\_\_

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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?

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

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

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

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**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?

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

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

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

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**Family Participation:**

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

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