

HOLY CHILDHOOD PRESCHOOL – 2016-2017
EMERGENCY INFORMATION

Class: 3 yr. old _____
4 yr. old 3 half days _____
4 yr. old 3 full days _____
4 yr. old 5 full days _____

Name: _____ Home Phone: _____
Nickname: _____
Male: _____ Female: _____
Mailing Address: _____ City: _____ Zip: _____
E-Mail (Mom): _____ E-Mail (Dad): _____

Student's Birthday: _____

Mother's Name: _____ Cell Phone: _____
Work Number: _____ Place: _____

Father's Name: _____ Cell Phone: _____
Work Number: _____ Place: _____

Child resides with: _____ Parents _____ Mother _____
(Name) Father _____ Legal Guardian _____

If your child becomes ill during the school day, who should we call first? If it's you, list yourself first.

1. Name _____ Number _____
2. Name _____ Number _____
3. Name _____ Number _____

I/We authorize ONLY the following person(s) to pick up my/our child when I/we are unavailable:

Name	Address	Phone	Relationship
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

Does your child have any allergies? _____
(Please be sure to submit all required medical forms for inhalers, epipens and other medications.)

Does your child have any vision, hearing, or other health concerns we should know about?

Is your child Catholic? _____ If not, what religion? _____
Are you active military? _____

If there is an emergency and you cannot be reached, who is your family doctor?

Name _____ Number _____
Emergency Hospital _____ Number _____

In case of an accident or serious illness, if I cannot be reached at the above address, Holy Childhood School has my permission to call an ambulance and seek medical attention for my child.

HOLY CHILDHOOD PRESCHOOL SURVEY

We want to know your preschooler as much as possible and we would appreciate it if you would take a few minutes to fill out this survey. The information will be used when planning activities and snacks.

Preschooler's Name: _____

Siblings and their ages: _____

Pets (animal and name): _____

Preschooler's likes: Activities: _____
Foods: _____
Places: _____

Preschooler's dislikes, fears: _____

Child's Interests: _____

Child's Special Qualities: _____

Does your child enjoy writing and drawing at home? _____

Goals for my child include: _____

Questions or concerns that I have: _____

Is there anything you would like us to know about your child? _____



HOLY CHILDHOOD PRESCHOOL
PARENT VOLUNTEER FORM

Parent Name: _____

Phone Number: _____

Please check which activities you would be willing to volunteer some of your time for:

- _____ Read to the class
- _____ Demonstrate a craft or a type of art (specify) _____
- _____ Talk about your job (specify) _____
- _____ Share about an interesting place you visited (specify) _____
- _____ Share a talent (specify) _____
- _____ Prepare materials for the class (could be done at home)

Are you available during preschool hours? Yes _____ No _____

Are you available during evening hours? Yes _____ No _____

Are you available to drive on field trips? Yes _____ No _____

Is there any other type of volunteering for the preschool you would be willing to do?

THANK YOU!

Please fill out a separate form for each parent/guardian