

**HOLY CHILDHOOD PRESCHOOL – 2019-2020**  
**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: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Male: \_\_\_\_\_ Female: \_\_\_\_\_  
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 a registered member of Holy Childhood Parish? \_\_\_\_\_ Are you active military? \_\_\_\_\_

In which school district do you reside? \_\_\_\_\_

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.

\_\_\_\_\_  
Parent Signature

## 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)

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

\_\_\_\_\_

\_\_\_\_\_

THANK YOU!