Calvary Kid Connections Preschool

Childs’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Class:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

People other than parents/guardians authorized to pick up your child:

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **Address** | **Phone** | **Relationship** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

Parent/guardian place of employment & phone number:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_and\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In case of emergency our health insurance carrier is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In case of emergency and parents/guardians can’t be reached, the following persons may be called:

|  |  |  |  |
| --- | --- | --- | --- |
| Name | Address | Phone | Relationship |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

List any food allergies or chronic medical conditions:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List any strong dislikes or fears:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 List any restrictions for indoor or outdoor play:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Who does your child reside with? Martial status of Parents (please circle) M D S

|  |  |
| --- | --- |
| **NAME** | **RELATIONSHIP** |
|  |  |
|  |  |
|  |  |
|  |  |

**Developmental Screening:** I give permission for my child to have ongoing assessment of their development. I understand this information is kept confidential in a secure locked location and is only viewed by authorized personnel. I can at any time request to see their portfolio.

Date: \_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent/teacher conferences:** In accordance with naeyc guidelines each child will be assessed within three months of entering the program. Formal conferences will be held for the four year olds in the fall, the three year olds formal conference will be held in the spring. I can at any time request to meet with my child’s lead teacher at a pre determine convenient time for both of us.

Date: \_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Additional Information:** Is there any other information or concerns you want to share with us pertaining to your child?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Unless otherwise granted, Kid Connection will use your e-mail address for school related announcements only.