

2018/2019 River Road Church Preschool Development Center Child Information Form

Child's Name: _____ Sex: ____ Birth date: _____
Mother's Name: _____ Father's Name: _____
Address: _____ Zip: _____
Telephone Number: _____ Mother's Cell No. (will not be published) _____
Father's Cell No. (will not be published) _____
Mothers E-mail: _____ Fathers Email _____
Marital Status of Parents: _____ Married _____ Divorced _____ Separated _____ Widowed
Person having legal custody: _____
Address of Parent not residing with child _____
Father's Employer: _____ Telephone: _____
Mother's Employer: _____ Telephone: _____

Emergency Contacts: (We must have 2 persons, other than parents, who are local):

Name/Relationship: _____
Address: _____ **Telephone:** _____
Name/Relationship: _____
Address: _____ **Telephone:** _____

Person(s) authorized for pick-up of child:

Name: _____ Relationship: _____
Name: _____ Relationship: _____

Person(s) NOT authorized for pick-up of child:

Name: _____ Relationship: _____

Allergies/Restrictions/Medical Information

Allergies: Food: _____
Drink: _____
Other: _____
Action to be taken in an emergency: _____

Chronic Health Problems: _____

Medications: _____

Pertinent Developmental Information: _____

Does your child have an IEP (an individual education plan)? Yes ____ No ____

If so, with what organization? _____

Doctor's Name: _____ Telephone _____

Dentist's Name: _____ Telephone _____

Hospital Preferred: _____

Agreements:

1. The school agrees to notify the parent/guardian whenever this child becomes ill or has an accident, and the parent/guardian agrees to pick the child up thereafter as soon as possible.
2. The parent/guardian authorizes the school to obtain immediate medical care, at the hospital indicated by parent, if any emergency occurs when he/she cannot be located immediately.
3. The parent(s)/guardians agree to inform the center within 24 hours or the next business day after his child or any member of the immediate household has developed a reportable communicable disease, as defined by the State Board of Health, except for life threatening diseases which must be reported immediately.

Parent's Signature _____ Date _____

Administrator of School _____ Date _____

General Information

1. Check all that apply: Ear infections? _____ Ear tubes? _____ Have hearing problems? _____
Vision problems? _____ Wear glasses? _____

List of Schools Attended Prior to River Road _____

3. Other children in family:

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

4. Other Adults in the Home:

Name: _____ Relationship: _____

Name: _____ Relationship: _____

5. Does your family have a church affiliation? _____

Does your child attend Sunday School? ____ Would you like to know more about River Road Church? ____

6. Do you live in a house? _____ an apartment? _____

Does your child have his/her own room? _____ Shares with _____.

7. Play time: How much is spent outdoors? _____ by himself/herself? _____

with siblings? _____ with older children? _____ with younger children? _____

8. Does your child dress self? _____ needs assistance with what clothes? _____

9. Helpful information about your child:

Toilet habits _____

Naptime _____

Bedtime patterns _____

Any special habits or possessions: pillow ____ blanket ____ pacifier ____ thumb sucking ____

nail biting ____ tantrums ____ other ____

Favorite play materials _____

10. Tell about your child's emotional development.

11. What methods of discipline do you use at home?

12. Are there any situations concerning your child that the school needs to know about?

13. How do you hope your child will benefit from this school experience?