

Student Information Form

>> 2019 - 2020 <<

Northbrook Preschool

11225 Crabapple Road, Roswell

→ **COMPLETION OF THIS FORM IN ITS ENTIRETY IS REQUIRED FOR REGISTRATION** ←

Child's Last Name, First Name _____ Name Called By _____ Date of Birth _____ Sex (M/F) _____

Street Address _____ City _____ Zip _____

Home Phone Number _____ Mom's Cell Phone Number _____ Mom's Work Number _____

E-mail address (one per family) _____ Dad's Cell Phone Number _____ Dad's Work Number _____

Mother's Name _____ Address (If different from child) _____ Home Phone (if different) _____

Father's Name _____ Address (If different from child) _____ Home Phone (If different) _____

Mother's Occupation: Stay at Home Mom > Previous occupation _____

Current Employer/Occupation _____

Self Employed/Occupation _____

Father's Occupation: Stay at Home Dad > Previous occupation _____

Current Employer/Occupation _____

Self Employed/Occupation _____

Child's Living Arrangement: both Parents Mother Father Other _____

Child's Legal Guardian(s): both Parents Mother Father Other _____

Child's Ethnic Heritage: African American Asian Caucasian Latino Native American

Pacific Islander Other _____

Afternoon Dismissal / Illness / Emergency Contact (when parents cannot be reached)

These people (**local contacts**) have permission to sign my child out of the classroom & transport them from the preschool property at dismissal and / or in the event of illness or an emergency:

Name(s)	Relationship (to child)	Cell #	Home #	Local Contact	
1. _____	_____	_____	_____	yes	no
2. _____	_____	_____	_____	yes	no
3. _____	_____	_____	_____	yes	no
4. _____	_____	_____	_____	yes	no
5. _____	_____	_____	_____	yes	no

PEDIATRICIAN (or Primary Healthcare Provider)

Telephone Number REQUIRED

PEDIATRIC DENTIST (or family dentist if child has not been seen yet)

Telephone Number REQUIRED

Is your child allergic to anything? Yes No If yes, what? _____

Does your child have any medical conditions or take any medications we should be aware of? Yes No (asthma, diabetes, epilepsy, etc.) If yes, please describe _____

Has your child ever been evaluated by any of the following: Babies Can't Wait County Special Needs Preschool
 Speech Therapist Occupational Therapist Developmental Pediatrician Psychologist/Psychiatrist

If yes, what were the results and what services, if any, were recommended? _____

Is your child currently receiving any of the above mentioned services or when was the prescribed therapy completed?

Has your child ever attended another preschool? Yes No If yes, please list the name of the center and the age your child attended: _____

Personal Health/Accident Insurance Carrier: _____

Policy # _____ Group # _____

Effective date of coverage: _____ Claims verification phone: _____

Parent/Guardian signature: _____ Date: _____

My signature above authorizes the release of information by the physician to Northbrook Preschool and/or its representatives or to other emergency providers as may be deemed necessary by circumstances for the treatment of the above named child.

Please read AND INITIAL each section of this form if you agree; if you DISAGREE WRITE "NO"

Directory Agreement: I give permission for our basic contact information (name, address, telephone number, email) to be printed in the Northbrook Preschool Directory printed annually for parents' use

Publicity Agreement: I give permission for my child's photograph and/or art work to be used to publicize Northbrook Preschool in brochures, newspaper articles, other print and video media on the Northbrook United Methodist Church website under the Preschool link (names will never be used)

Allergies/Medical Conditions/Dietary Restrictions Posting Release: I give permission for my child's name, description of allergies, medical conditions, dietary restrictions (**current or future**) and medications (kept in the preschool clinic and/or classroom) to be posted in the classroom.

Insect Repellent Release: I give permission for preschool personnel, or people acting on their behalf (including but not limited to substitutes, volunteers) to apply Off© Insect Repellent with a 15% concentration of DEET if there are conditions identified by public health officials that warrant the need for insect repellent.

Sunscreen Application: I give permission for preschool personnel, or people acting on their behalf (including but not limited to substitutes, volunteers) to apply Banana Boat Kids SPF 30 Sunscreen as may be needed.

Emergency Hospital: In the event of an emergency requiring that my child be transported to a hospital by emergency personnel, I request that he/she be taken to Children's Health Care of Atlanta, Scottish Rite location.

Licensure: I understand that Northbrook Preschool is not eligible to be licensed by Bright from the Start but is accredited by NAEYC and the United Methodist Preschool Association.

Signature of Parent or Guardian: _____ Date: _____