

For Office Use Only			
<input type="checkbox"/> Immunization Record <input type="checkbox"/> Health Summary <input type="checkbox"/> Returning student		Check when completed <input type="checkbox"/> Fall conference <input type="checkbox"/> Spring conference	Date _____ _____
Days attending M T W TH F		Registration Fee _____	
Hours attending 8:30-11:30 12:00-3:30		Check Number _____	
Preschool	1 st . Yr. (3 yr old)	2 nd . Yr. (4 yr old)	Date Submitted _____ Start Date _____

General Information

Child's full name _____	Age _____ Sex _____
Name to be used at school _____	Date of Birth _____
Home Address _____	
City _____ Zip _____	Home Phone _____
Father's Name _____	Work Phone _____
Occupation _____ Employer _____	
Father's Home Address (if different than child's) _____	Cell Phone _____
City _____ Zip _____	
Mother's Name _____	Work Phone _____
Occupation _____ Employer _____	
Mother's Home Address (if different than child's) _____	Cell Phone _____
City _____ Zip _____	
Sibling(s) _____	Age _____

Who can be reached and where while your child is at pre-school? _____	

Emergency Information

Please list two persons who could be contacted if you (the parent) cannot be reached in an emergency or injury requiring medical attention.

Name _____ Phone # _____
 Authorized to take child **Yes** _____ **No** _____
 Address _____

Name _____ Phone # _____
 Authorized to take child **Yes** _____ **No** _____
 Address _____

Name of all people authorized to pick up your child from preschool

Name of anyone **NOT** authorized to take your child from preschool _____
(Please attach a current photo.)

Please list the source of your child's regular medical care and dental care. If you do not have a doctor or dentist, please indicate on the appropriate line.

Name, Address, and Phone #

Medical _____

Dental _____

Does your child have any medical problems or physical challenges?

Does your child have any physical limitations? _____

Does your child have any food allergies? _____ Drug allergies? _____
Other allergies? _____

Does your child have any special diet needs?

Social Development

Is your child right handed or left handed? _____

Has your child had previous group experience? If yes, where? _____

Does your child have playmates? _____

Does your child watch TV? _____ Which programs? _____

Explain what areas or things particularly interest your child (i.e. puzzles, reading, building, creative play, etc.). _____

Developmental Skills

Is your child comfortable using pencils, crayons, markers, paints, scissors, paste, or playdough?

Explain how your child does at dressing, undressing, feeding, and toileting him/herself.

How well does your child speak? Is speech clear? Does s/he use complete sentences? How does s/he communicate with other children? _____

With adults?

Emotional Development

How does your child relate to peers? Is s/he shy, confident, friendly, withdrawn, aggressive, outgoing, good-natured, mood etc.? _____

How does your child relate to adults? _____

What behavior do you consider the most difficult to deal with? _____

Describe your child in regard to their personality, behavior, fears, etc. _____

Has your child had a pre-school screening? Yes _____ No _____ If yes, where? _____

I give Wee Learners Preschool staff permission to administer **Ipecac Syrup** in the event of accidental poisoning but only after contact has been made with the Minnesota Poison Control Center and they have recommended it. **Please check one: Yes** _____ **No** _____

I give permission to Wee Learners Preschool staff to make whatever emergency (first-aid, disaster evacuation, etc.) measures are judged necessary for the care and protection of my child while under the supervision of the school.

In case of a medical emergency, I understand that my child will be transported to Fairview Lakes Hospital in Wyoming by the local emergency unit for treatment if deemed necessary by the local emergency resources, i.e. police or rescue squad. The child will be transported at the expense of the parents.

It is understood that in some medical situations, the staff will need to contact the local emergency resource before the parent, child's physician and/or other adult acting on the parent's behalf.

To promote the preschool program, Wee Learners Preschool has my permission to take pictures, slides, or videos of my child in preschool sessions and use it for promotional publication. **Please check one: Yes** _____ **No** _____

Signature of Parent or Guardian _____ Date _____