



Trinity UCC Preschool
2340 State Street
East Petersburg, PA 17520
569-1632 569-0592

INFORMATION REPORT

This information is **confidential**, and is used by the teachers to better *understand your child*, and offer the greatest of benefits:

I. **Self Identification** (Please write as you want your child to learn.)

Child's Name/Nickname _____

Address _____

Telephone Number _____ Date of Birth _____

II. **Child's Home and Family**

Father's Name _____

Occupation _____

Mother's Name _____

Occupation _____

Any "**special interests**" which either or both parents could share as a resource for school (i.e. photography, music, crafts, sports equipment, tours or demonstrations of your occupation.)

Parents are Together _____ Separated _____ Divorced _____ Widow(er) _____

Has anyone, other than parents (include babysitter) had a substantial role in rearing child?

_____ Yes _____ No If Yes, who? _____

(over)

Other members of household (children, relatives, etc.)

Name	Age	Relationship to Child
------	-----	-----------------------

_____	_____	_____
_____	_____	_____
_____	_____	_____

Church Affiliation _____

Pets (cats, dogs, fish, hermit crabs, etc.) _____

III. Health

Sleep habits are usually Nap at _____ Bedtime at _____ Rising at _____

Do you have concerns about your child's

Hearing? _____ Yes _____ No

Speech? _____ Yes _____ No

Vision? _____ Yes _____ No

Behavior? _____ Yes _____ No

Please share any details you think would be helpful to our staff _____

IV. Pastimes

3 Favorite Toys/activities _____

3 Favorite Television Programs/videos/computer games

Hours per week spent in "screen time" (television/videos/computer games) _____

Does child have neighborhood playmates? _____

V. Are there any particular goals you have for your child in preschool?

Signed

Date



Trinity UCC Preschool
2340 State Street
East Petersburg, PA 17520
569-1632 569-0592

PHYSICIAN'S REPORT

Date _____

This child _____ has been examined by
me, and found to be in _____ physical condition.

Known allergies _____

Immunization Record (check one)

_____ This child is up-to-date on the recommended childhood immunizations.

_____ This child is **not** up-to-date on the recommended childhood immunizations due
to medical reasons as explained _____

_____ This child is **not** up-to-date on the recommended childhood immunizations due
to religious beliefs/family choice as explained _____

Parent/Guardian signature _____ Date _____

Suggestions or recommendations the school should be aware of

Any restrictions? _____

Physician's Signature

Date



Trinity UCC Preschool
2340 State Street
East Petersburg, PA 17520
569-1632 569-0592

EMERGENCY FORM

Child's Name _____ Child's Birthdate _____

Child's age as of September 1st _____

Parent(s)' Name(s) _____

Address _____ Telephone Number _____

Cell Phone(s) _____ E-mail Address _____

Father's Occupation Place of employment _____

Type of work _____

Telephone number at work _____

Mother's Occupation Place of employment _____

Type of work _____

Telephone number at work _____

The best person to be reached in an emergency _____

Telephone Number _____

Alternate Telephone Numbers

	Name	Number	Relationship to Child
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

Family Doctor _____

Address _____

Telephone Number _____

Allergies _____

Hospital Preference _____

Comments _____

Signed

Date



Trinity UCC Preschool
2340 State Street
East Petersburg, PA 17520
569-1632 569-0592

PERMISSION FORM

Child's name _____

I hereby grant permission for my child to use all of the play equipment, and participate in all of the activities of the school.

I hereby grant permission for my child to leave the school premises, under the supervision of a staff member, for neighborhood walks or field trips, in an authorized vehicle. I will receive notification prior to each field trip, and I will provide an appropriate car safety seat for the trip or I will keep my child home the day of the field trip.

I hereby grant permission for my child to be photographed participating in school activities and for these photographs to be used for display, publicity, and school projects.

I hereby grant permission for the Director or teacher to take whatever steps may be necessary to obtain emergency medical care if warranted. These steps may include, but are not limited to, the following:

1. Attempt to contact a parent or emergency call number.
2. Attempt to contact the child's physician.
3. If we cannot contact you or the child's physician, we will do any or all of the following:
 - a) Call another physician;
 - b) Call an ambulance;
 - c) Have the child taken to the emergency room at the closest hospital, accompanied by a staff member.
4. Any expenses incurred, under #3 above, will be borne by the child's family.
5. The school will not be responsible for anything that may happen as a result of false information given at the time of enrollment.
6. The school will not assume responsibility for a child who has not been properly walked to the classroom by the parent or carpool driver.

Parents name (printed) _____

Signed _____

Date _____