

**Page 1 Preschool ...The Creative Academy for 2, 3, 4 & 5 Year Olds!**

Child's given name \_\_\_\_\_ Male Female

Birth date \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Home phone # \_\_\_\_\_

Address \_\_\_\_\_

Town \_\_\_\_\_ Zip Code \_\_\_\_\_

Child resides with: \_\_\_\_\_  
\_\_\_\_\_

Are there any **custody/legal alerts** the school needs to be aware of? Yes No

**If Yes**, for the safety and welfare of your child, up to date legal documents must be on file in the school office at all times.

**If the school needs to contact someone in regards to your child, for any reason, list in order the names and phone #'s to be called including parents.**

Name	Relation to child
1. _____	_____
Home # _____	Cell# _____
2. _____	_____
Home # _____	Cell# _____
3. _____	_____
Home # _____	Cell# _____
4. _____	_____
Home # _____	Cell# _____
5. _____	_____
Home # _____	Cell# _____

**Page 1 Preschool ...The Creative Academy for 2, 3, 4 & 5 Year Olds!**

Child's name: \_\_\_\_\_ Class Time:  
\_\_\_\_\_

**Choose a Security PASSWORD \_\_\_\_\_**

- **If you call the school for information or a change in drivers etc, you will be asked to supply your password and birth date of your child for security purposes. You may only change your password in person at the school.**

**Please list all approved drivers to drop off and/or pick up your child from school.**

- **Your child will not be released to any driver that is **not on this list** without **proper written notification from the parent** or a phone call to the school.**
- **All drivers including parents must have available their **driver's license** for identification at **ALL times**.**
- **Approved drivers DO NOT need to know your password.**
- **Any drivers not on your approved driving list below will need both their license and password to pick up your child.**

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

6. \_\_\_\_\_

7. \_\_\_\_\_

8. \_\_\_\_\_

9. \_\_\_\_\_

10. \_\_\_\_\_

## Page 1 Preschool ...The Creative Academy for 2, 3, 4 & 5 Year Olds!

Child's name: \_\_\_\_\_ Class Time: \_\_\_\_\_

1. Does your child have any **food allergies or restrictions**? Yes No **If Yes**, explain in detail: \_\_\_\_\_

Does your child have any **other allergies**? Yes No **If Yes**, explain in detail: \_\_\_\_\_

- *An additional form **must be on file with the school office** if your child's allergy requires an epi-pen to be on site for emergency use. See office for forms and instructions.*

2. Does your child have any **physical limitations** that would prevent them from participating in any preschool activity indoors and outside? Yes No **If Yes**, explain in detail: \_\_\_\_\_

3. Do you have any concerns regarding your child's speech or motor skills at this time? Yes No **If Yes**, explain in detail: \_\_\_\_\_

- Can all family members understand your child's speech? Yes No
- Can non family members understand your child's speech? Yes No
- Does your child speak another language other than English? Yes No
  - **If Yes**, what language does your child speak? \_\_\_\_\_
  - Is this the child's primary language? Yes No

4. Has your child **previously or currently receive** any speech, occupational therapy, physical therapy, or special education itinerant teacher services? Yes No

**If Yes**, please provide name of service provider and frequency of service, as well as when and where services were or are provided.

**Provider name:** \_\_\_\_\_ SP OT PT SEIT (circle one)

Received on: M T W Th Fri (circle all that apply)

Date service began \_\_\_\_\_ Services are on-going or ended on \_\_\_\_\_

**Provider name:** \_\_\_\_\_ SP OT PT SEIT (circle one)

Received on: M T W Th Fri (circle all that apply)

Date service began \_\_\_\_\_ Services are on-going or ended on \_\_\_\_\_

**Provider name:** \_\_\_\_\_ SP OT PT SEIT (circle one)

Received on: M T W Th Fri (circle all that apply)

Date service began \_\_\_\_\_ Services are on-going or ended on \_\_\_\_\_

**Provider name:** \_\_\_\_\_ SP OT PT SEIT (circle one)

Received on: M T W Th Fri (circle all that apply)

Date service began \_\_\_\_\_ Services are on-going or ended on \_\_\_\_\_

## Page 1 Preschool ...The Creative Academy for 2, 3, 4 & 5 Year Olds!

Child's name: \_\_\_\_\_ Class Time: \_\_\_\_\_

5. Was Page 1 Preschool recommended to you? Yes No  
If Yes, by whom? \_\_\_\_\_

6. Please list all preschool or daycare programs your child **has attended** in the past:

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

7. Please list all preschools you **viewed or gathered information** about prior to choosing Page 1 Preschool:

---

---

---

---

8. Why did you choose Page 1 Preschool? (Circle all that apply)

Program Quality    Location    Classrooms    Teachers    Cleanliness    Cost  
Recommendation    Class size    Other: \_\_\_\_\_

9. What is your child's typical response when left with someone other than a family member? \_\_\_\_\_

10. Would you like to volunteer in your child's classroom? Yes No  
If Yes, what days are you available? M T W Th Fri (circle all that apply)

I am willing to help with:    \_\_\_\_\_Preparing classroom materials  
  \_\_\_\_\_Cleaning toys  
  \_\_\_\_\_Cutting Campbell's labels  
  \_\_\_\_\_Fundraising projects