

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# _____

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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. _____

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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 _____

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We will be distributing a class list to your child's classmates in early fall. We will share your child's basic contact information that was provided to us on your application with Page 1 Preschool. **Please check only the box below that applies to you.**

I agree to have my child's name, address, phone #, and parents' names shared on the class list

I DO NOT want my child's Check all that apply shared on the class list
 Child's Name Address Phone # Parents' Names

Child's Name _____ Class Time _____
Please Print Clearly

Parent/Guardian Name _____
Please Print Clearly

Parent/Guardian Signature _____

Date _____