



# Lampeter Community Preschool

## General Information

Date: \_\_\_\_\_

**Child's Name** (by which he/she is called): \_\_\_\_\_ Sex: M F

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_

**Father's Name:** \_\_\_\_\_ Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Business Address: \_\_\_\_\_

Email: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**Mother's Name:** \_\_\_\_\_ Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Business Address: \_\_\_\_\_

Email: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**Siblings:**

Name	Age

Name	Age

**Other adults living in the home:**

Name	Relationship

**Church affiliation:**

Mother: \_\_\_\_\_ Father: \_\_\_\_\_

Child in Church School? \_\_\_\_\_ Where? \_\_\_\_\_

**School District:** \_\_\_\_\_

What contacts does he/she have with other children? \_\_\_\_\_

\_\_\_\_\_

Observed behaviors (i.e., nail biting, thumb sucking, stuttering, other speech problems, "security" object):

\_\_\_\_\_

\_\_\_\_\_

What goals do you have for your child this preschool year? \_\_\_\_\_

\_\_\_\_\_

Is there any significant information you might want to add which would help in understanding your child and his/her needs? \_\_\_\_\_

\_\_\_\_\_

## Health Information

The following immunizations must be completed prior to entering preschool:

<b><i>Immunizations:</i></b>	<b><i>Date Immunizations Received:</i></b>
Diphtheria, Tetanus and Pertussis (4 primary shots)	
Measles, Mumps and Rubella (1 dose after age 1)	
Hepatitis (Series of three shots)	
Polio Vaccines	
Hemophilus Influenza (HIB)	

Please list any known allergies: \_\_\_\_\_  
\_\_\_\_\_

Please list any regular medications taken: \_\_\_\_\_  
\_\_\_\_\_

Please list any handicaps or chronic medical problems which may require special consideration at preschool: \_\_\_\_\_  
\_\_\_\_\_

General Health of Child: \_\_\_\_\_  
\_\_\_\_\_

## Field Trip Consent

*I, as the legal parent/guardian of \_\_\_\_\_, grant permission to Lampeter Community Preschool staff members to take my child on field trips during the year. I understand that I will be informed in advance of any planned trips.*

Signed \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

## Photo Release

Name of Student: \_\_\_\_\_

*I grant Lampeter Community Preschool, its representatives and employees the right to take photographs of me and my property in connection with the above-identified subject. I authorize Lampeter Community Preschool, its assigns and transferees to copyright, use and publish the same in print and/or electronically.*

*I agree that Lampeter Community Preschool may use such photographs of me with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising and Web content.*

I have read and understand the above:

Parent/guardian signature (if under age 18): \_\_\_\_\_

Printed name of parent/guardian: \_\_\_\_\_

Date: \_\_\_\_\_