

# Getting Acquainted

Please help us get acquainted with your child by completing this form and enclosing a current photo of your child.

Full name of child \_\_\_\_\_

Name to be used at school \_\_\_\_\_ Age \_\_\_\_\_ Birthdate \_\_\_\_\_ M \_\_\_\_\_ F \_\_\_\_\_

Address \_\_\_\_\_ Zip code \_\_\_\_\_

Father's full name \_\_\_\_\_ Cell # \_\_\_\_\_

Father's occupation \_\_\_\_\_

Mother's full name \_\_\_\_\_ Cell # \_\_\_\_\_

Mother's occupation \_\_\_\_\_

Names of siblings \_\_\_\_\_ Age \_\_\_\_\_

\_\_\_\_\_ Age \_\_\_\_\_

\_\_\_\_\_ Age \_\_\_\_\_

Has your child had group play experiences? \_\_\_\_\_ Where? \_\_\_\_\_

Would you like information about First United Methodist Church? \_\_\_\_\_

How did you hear about First United Methodist Preschool? Friends \_\_\_\_\_ Newspaper \_\_\_\_\_ Phone Book \_\_\_\_\_  
Our Web Page \_\_\_\_\_ Internet Yellow Pages \_\_\_\_\_ Other \_\_\_\_\_

How would you describe your child's personality? \_\_\_\_\_

Is there a personality trait or behavioral area that you feel your child needs help with? \_\_\_\_\_

What are your expectations for a positive preschool experience for your child? \_\_\_\_\_

Any allergies? (food, drugs, animals, insect stings, asthma, hay fever, etc.) Any foods to avoid? We have had children with severe allergic reactions to peanut butter.

If so, what is the reaction? \_\_\_\_\_

Concerns? (Hearing, vision, developmental language/speech) \_\_\_\_\_

Word child uses for urination \_\_\_\_\_ bowel movements \_\_\_\_\_

Does child have any special fears that we should be aware of? \_\_\_\_\_

Is there any medical history, or any medical problem we should be aware of? \_\_\_\_\_

I.e.: seizures, convulsions, serious physical conditions limiting activities

Is your child adopted? \_\_\_\_\_ Is he/she aware of this? \_\_\_\_\_

Are there any other areas of concern that we should be aware of? \_\_\_\_\_

**We need to be informed if there is a change in your family situation (e.g. a MOVE, DEATH, DIVORCE, ETC.) so that we can be supportive of your child if it is appropriate. It is also essential that your address and phone number be kept current in our files.**

I would also like my child's teacher to know \_\_\_\_\_

Would either parent be willing to share with the children his/her interests/profession (musical instrument, hobbies, doctor, dentist, nurse, police officer, firefighter, etc)? \_\_\_\_\_ If so, what?  
\_\_\_\_\_

Would you be interested in becoming a room parent? \_\_\_\_\_

Please list the names and telephone numbers of persons authorized to take your child from the preschool. Please understand that, by law, we are not permitted to release a child to anyone without written authorization from a parent or guardian.

**NAME**

**TELEPHONE NUMBER**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

.....  
**PERMISSION.....**

Known allergies and restrictions need to be posted in the kitchen, classrooms and areas where food is served. This listing enables the staff (and substitutes) to have a reference for known allergies and restrictions. We need your consent. YES \_\_\_\_\_ NO \_\_\_\_\_

Will you give us your permission to release your name, your child's name and telephone number **only** to room mothers and other preschool families? If you check "yes" your child will be included in our preschool roster which goes home with all children.

YES \_\_\_\_\_

NO \_\_\_\_\_

During birthday parties, parades and other special occasions, we often have parents video taping and taking photos of the children as well as teachers taking photos. Do you also give us consent for this during the time your child attends First United Methodist Preschool.

YES \_\_\_\_\_

NO \_\_\_\_\_

Comments: \_\_\_\_\_

**FOR ALL GROUPS (3'S & 4'S)**

I give my permission for \_\_\_\_\_ to attend any field trips taken by his/her class during the school year and any off-site activities. All will be subject to prior notification.

**Signed** \_\_\_\_\_ **Date** \_\_\_\_\_