

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** _____