

Please list at least one local person who will be available to assume responsibility for your child in an emergency if parents cannot be reached:

Name _____ Relationship to child _____

Address _____

City _____ State _____ Zip _____

Occupation _____ Employer _____

Work Phone _____ Home Phone _____ Cell Phone _____

Persons authorized to pick up child _____

Persons who MAY NOT pick up child _____

Child's Health Information

General Health of child _____

Has your child had: _____ Chicken Pox _____ Measles _____ Mumps _____ Flu
_____ Meningitis _____ Convulsions _____ Whooping cough _____ Tubes in Ears

Long-term medication taken _____

Is there any evidence of any of the following? Please explain.

Hearing loss or difficulties? _____

Vision difficulties? _____

Speech disabilities? _____

Please explain and give dates:

Hospitalizations _____

Operations _____

Other serious illnesses _____

Allergies (include food) _____

Are there any developmental concerns that you would like to call to our attention to? _____

Please explain _____

Miscellaneous Information

Is your child potty trained? _____ If so, please list specific terms used _____

Any specific instructions? _____

Special eating habits _____

Sleep/nap habits _____

Special security items for your child and what they're called _____

Attitude toward school _____

Does he attend Sunday School or any other group activities? _____

Please list: _____

What type of discipline is your child used to? _____

Is this the first time your child has been away from your for several hours? _____

Any other helpful information you'd like to share to help us care for your child more effectively? (New baby, new job, new house, etc.) _____

Names of siblings and other family members living in your home _____

Types of Pets and their names _____

A copy of this form will remain in your child's classroom. Please include any additional information that might be helpful to the teachers:

Liability Release

It is understood that First Baptist Church of Graham, Texas, or any person connected with the preschool department will not be held liable for any accident or injury to my child, _____, while he or she is participating in the preschool program.

Date _____ Parent's Signature _____

Authorization for Emergency Medical Attention

In the event that I cannot be reached to make arrangements for emergency medical attention, I authorize the staff of First Baptist Church, Graham, to take my child _____, to the closest Emergency Room, or to the following physician or his/her associates, for medical care.

Dr. _____ Hospital _____

Address _____ Phone _____

City _____

Special Instructions _____

I give consent for this facility to administer any and all treatment deemed necessary by the attending physician. I understand I am financially responsible for all expenses incurred for the case of my child.

(Signature of Parent / Guardian)

Date _____

Field Trips

Field trips will be planned as a part of the preschool program (primarily for the older classes). Field trips will include traveling by church van to points of interest in the community.

Field trips will be planned in advance and parents will be informed of field trips in advance. Every possible precaution will be taken to assure the safety and welfare of your child.

I give my permission for my child to go on any field trip that is to be taken this year:

Yes No

I would be able to help by accompanying my child's group as a helper when asked:

Yes No

Parent Signature _____

Date _____

Photography / Newspaper Release

The staff at First Baptist Church is proud of our preschoolers and we like to show the off! Occasionally, our staff takes snapshots to show and may even be placed in the newspaper, website, or used in a power point presentation at church. Your permission is required. Please check your preference below:

____ Please check here if you are giving permission for your child to be photographed.

____ Please check here if you DO NOT wish to have your child photographed.

Preschooler's Name _____

Parent's Signature _____

Date _____

Dear Parents,

Thank you for taking the time to complete all of these forms. It will help us be able to care for your child more effectively. If anything changes during the year, please put these changes in writing and give to the director.

Thanks!