



Personal Student Information

Child's Full Name _____ Nickname _____ DOB _____ Male/Female
 Home Address _____
 Email _____ (emailed used for communications relating to school activities / announcements)

Primary Phone Number to be used in an emergency or if I child is sick, this number will be entered into school's cell phone, which is with the teachers at all times. Primary number _____ Secondary Number (Optional) _____

Your name, phone, and email will be shared with other members of the corporation for preschool-related purposes.

Please check if you wish to have this information shared: ____ Yes ____ No

We will occasionally take pictures of your child which will be displayed on our school website and/or in the local paper(s).

Please check if you wish to have pictures published in this manner: ____ Yes ____ No

Male Head of Home/Relationship to Student: (Circle): *Father, Step-father, Guardian, Other*

First Name _____ Last Name _____
 Occupation _____ Business Address _____
 Home Phone _____ Cell Phone _____

Female Head of Home/Relationship to Student (Circle): *Mother, Step-mother, Guardian, Other*

First Name _____ Last Name _____
 Occupation _____ Business Address _____
 Home Phone _____ Cell Phone _____

Parents Marital Status (Circle): *Married, Widow, Divorce, Separated, Single*

Are there any custodial issues (court papers) regarding your child YES NO If yes, please attach Custodial Papers.

Siblings: Name _____ Age _____ Name _____ Age _____
 Name _____ Age _____ Name _____ Age _____

Child's Physician _____ Phone _____
 Allergies? Yes/No. If Yes, Explain _____ Epipen? Y/N

Routine Medications? Yes/No. If Yes, Explain _____
 Other concerns/issues if any: _____

Early Intervention or CPSE: OT/PT/Speech Therapy/Special Instruction

Any special requests or comments that the class/teacher should know: _____

Person(s) to notify if parents cannot be reached in an emergency:

Name _____ Phone _____
 Address _____

Name _____ Phone _____
 Address _____

Person(s) responsible for transporting child to and from school:

Name _____ Phone _____
 Name _____ Phone _____

In the event that IMMEDIATE medical attention is necessary, I give permission to the teaching staff of Maple Hill Preschool, who have completed a certified CPR/First Aid course, to obtain, and/or provide emergency medical treatment to my child.

In the event that routine medical services are needed, the teacher will notify the parent first (unless otherwise noted above). If the event is an emergency (potentially life-threatening) the teacher's first responsibility will be ensuring that the child is provided for.

 Parent(s) or Guardian(s) Signature

 Date