



Class: _____ AM PM

Office Use Only

Student Profile 2026-2027

Child's First and Last Name: _____

Name to use in the classroom (if different from above): _____

Gender: Male Female Birth Date: _____

****Best number to reach you during school hours:** _____

Student's Address: _____

City: _____ Zip: _____ Primary Phone: _____

Preferred E-mail Contact: _____

1) Parent's/Guardian's Name: _____ Cell Phone: _____

Address (only if different than above): _____

Employer/Occupation: _____ Work Phone: _____

2) Parent's/Guardian's Name: _____ Cell Phone: _____

Address (only if different than above): _____

Employer/Occupation: _____ Work Phone: _____

ALLERGIES: FOOD/MEDICATION

Does your child have any allergies: Yes No

If yes, please list here: _____

If child has EPI PEN, please attach clear instructions by doctor; make sure it is NOT EXPIRED

Does your child have any medical conditions that we should be aware of: Yes No

If yes, please explain: _____

EMERGENCY CONTACT INFORMATION

If a parent or guardian cannot be reached, in the event of an emergency, who should be contacted?

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

*****PLEASE COMPLETE BOTH SIDES*****

FAMILY BACKGROUND

Family Status: Married / Separated / Divorced / Single / Widowed

Name and ages of siblings: _____

Others living in the home: _____ Names of Pet(s): _____

Your Home Church: _____

PERSONAL INFORMATION ABOUT YOUR CHILD

Has your child previously attended preschool? If so, where? _____

List your child's favorite toys, activities, and special friends: _____

Does anything frighten/cause anxiety in your child? How do you handle the fear/anxiety? _____

Have there been any recent changes in your child's life (move, surgery, death in family, new baby, divorce, etc.)?

What would you like your child to get out of the preschool experience? _____

Has your child ever been screened/tested for speech or hearing? Yes No

If so, for what and are they currently receiving services/have they in the past?

CARPOOL INFORMATION

In addition to yourself, who is authorized to remove your child from the premises?

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Carpool Names: _____

EMERGENCY MEDICAL CONSENT

I (we), the undersigned, parent(s) or legal guardian of _____, a minor, do hereby authorize/consent to medical treatment deemed necessary in the event of an emergency, accident, or sudden illness, and I will assume any expense incurred by such care. I (we) are aware that Shepherd of the Valley Preschool will make every effort to provide medical treatment at the closest facility available. I (we) do not hold the above named or Shepherd of the Valley Preschool responsible or liable for any action necessary in the emergency care of my (our) child.

Signature: _____

Signature: _____

Relationship to child: _____

Relationship to Child: _____

Date: _____

Date: _____