



Class: \_\_\_\_\_ AM PM

## **Student Profile 2021-2022**

Child's First & 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: \_\_\_\_\_

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### **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 Dr. and make sure it is not EXPIRED**

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

If so, 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 & 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: \_\_\_\_\_

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## 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: \_\_\_\_\_