

ST. GEORGE'S KINDERGARTEN & MOTHER'S DAY OUT 2017-18 ENROLLMENT/HEALTH RECORD

(Please print clearly and complete this three page form in its entirety.)

NAME OF CHILD: _____
last first middle name your child likes to be called

DATE OF BIRTH: _____ AGE AS OF SEPTEMBER 1, 2017: _____
(month/ day/ year) (yrs/mos)

COUNTRY OF BIRTH: _____ GENDER: MALE FEMALE

FATHER'S INFO:

Dr. Mr. _____
name

_____ home address

_____ city state zip

_____ cell phone provider cell phone

_____ work phone e-mail address

_____ employer

_____ occupation & title

MOTHER'S INFO:

Dr. Mrs. Ms. _____
name

_____ home address

_____ city state zip

_____ cell phone provider cell phone

_____ work phone e-mail address

_____ employer

_____ occupation & title

CUSTODIAL PARENT: (if divorced) _____ Provide a copy of custody order? Yes No

OTHER CHILDREN & MEMBERS OF THE FAMILY:

_____ name _____ date of birth _____ school/place of work

_____ name _____ date of birth _____ school/place of work

_____ name _____ date of birth _____ school/place of work

_____ name _____ date of birth _____ school/place of work

DO YOU HAVE ANY FAMILY PETS? Yes No IF SO, PLEASE LIST:

1. _____ pet's name _____ type (dog, cat, etc.) 2. _____ pet's name _____ type (dog, cat, etc.)

DOES YOUR CHILD HAVE ANY CLOSE FAMILY FRIENDS OR RELATIVES THAT HE/SHE MAY REFER TO?

1. _____ name _____ relationship 2. _____ name _____ relationship

WILL YOUR CHILD ATTEND ANOTHER PROGRAM WHILE ENROLLED AT ST. GEORGE'S? Yes No

IF SO, WHERE? _____

PLEASE PRINT GRANDPARENT'S INFORMATION TO BE USED FOR MAILINGS:

_____ grandparent's name(s) _____ grandparent's name(s)

_____ home address _____ home address

_____ city state zip _____ city state zip

PLEASE LIST PERSONS AUTHORIZED TO PICK UP AND TRANSPORT YOUR CHILD OTHER THAN PARENT OR CUSTODIAN: (They must be listed below to ensure the child's safety.)

name(s)	home phone	cell phone
name(s)	home phone	cell phone
name(s)	home phone	cell phone

MEDIA PERMISSION -

I GIVE PERMISSION FOR MY CHILD'S PHOTOGRAPH TO BE USED IN THE SCHOOL YEARBOOK OR OTHER CHURCH/SCHOOL PRINTED PUBLICATIONS. Yes No

I GIVE PERMISSION FOR MY CHILD'S PHOTOGRAPH TO BE USED IN THE WEB-BASED SCHOOL NEWSLETTER (THURSDAY E-DITION), CHURCH/SCHOOL WEBSITE AND OTHER SOCIAL MEDIA. Yes No

EMERGENCY INFORMATION

physician's name	office phone
medical association/address	

ARE THERE ANY WRITTEN DOCTOR'S INSTRUCTIONS FOR CARE/MEDICAL TREATMENT FOR THIS CHILD GIVEN TO ST. GEORGE'S: Yes No

DOES THIS CHILD HAVE ANY FOOD, ENVIRONMENTAL AND/OR MEDICAL ALLERGIES? Yes No

EXPLAIN ANY ALLERGIES AND TREATMENT THEREOF: _____

NAME OF PERSON(S) AND PHONE NUMBERS, OTHER THAN THE CHILDCARE STAFF, AUTHORIZED TO ACT FOR PARENT IN AN EMERGENCY:

name	home phone	work phone	cell phone
name	home phone	work phone	cell phone
name	home phone	work phone	cell phone

IF PARENTS/PHYSICIANS, OR PERSON(S) NAMED ABOVE ARE NOT AVAILABLE IN AN EMERGENCY REQUIRING IMMEDIATE MEDICAL ATTENTION, DO YOU AUTHORIZE THE SCHOOL:

A. To seek treatment from a physician selected by the school? Yes No

B. To exercise emergency medical care? Yes No

IN SUCH AN EVENT, WHICH HOSPITAL FACILITIES WOULD YOU PREFER THE SCHOOL TO USE?

It is understood that your child is to be kept at home if she/he is unable to take part in regular daily school activities, including outside play. After an illness your child should not return to school until he/she has been free of fever, vomiting, and diarrhea for at least 24 hours, without the benefit of medication.

We do not administer medications except for allergic emergencies. A medication release form must be completed and on file in the Business Office.

DEVELOPMENTAL HEALTH HISTORY -

PHYSICAL: The following information is confidential and will be kept for use by those working with your child.

Does your child have any physical limitations?

Speaking Running Seeing Hearing Fine Motor Sitting Still Other _____

If so, explain: _____

Is your child currently receiving services for any of the following:

Speech Hearing RIP Therapy Occupational Therapy Physical Therapy Other _____

If so, explain: _____

Does your child have food or medication allergies? Yes No

If so, explain: _____

Has your child had any health problems in the past? Yes No

If so, explain: _____

Does your child currently have any health problems? Yes No

If so, explain: _____

Does your child take medications regularly? Yes No

Please list medications and how often the medications are administered: _____

PLEASE NOTE: St. George's Kindergarten recommends a yearly vision and hearing screening during your child's annual doctors visit. Date of last vision and hearing screening: _____

Does your child have any recurring chronic illness or health problems such as:

- Asthma Cerebral Palsy Developmental Delay Seizure Disorder Diabetes
 Frequent Earaches Hemophilia Other _____

If medically diagnosed, please provide the name of the doctor who diagnosed the illness or health problem:

Do you have other concerns about your child's health? _____

Is your child on any special diet? Yes No

If so, please explain: _____

SOCIAL RELATIONSHIPS AND PLAY: The answers you provide will help us in providing the best care for your child.

My child is: Friendly Aggressive Shy Withdrawn

Does your child play well alone? Yes No

What is your child's favorite toy? _____ What does your child call it? _____

My child is frightened by: (check any that apply)

- Animals Fire Drills Loud Noises The Dark Storms Other _____

How do you discipline your child? (check all that apply)

- Behavior Modification Chart Diversion Spanking Taking Something Away Time Out
 Redirect Other _____

Explain _____

Does your child use an item for comfort? Yes No

What is the item? _____ What does he call it? _____

Is there any other information that you wish to share that would assist us in meeting your child's needs? _____

- ACKNOWLEDGMENT -

I understand any changes in the above information must be entered immediately and initialed.
The above information is true and accurate to the best of my knowledge.

X

signature of parent(s) or custodians

date