

Lil' Learners Preschool Student Information Form

Name of Student: _____

Name of Parent/Guardian: _____

Emergency Contact : _____ Relationship to child _____

Address _____ Phone _____ Cell _____

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Please help us to understand your child so that we may tailor the program to his/her needs.

Any allergies, food or other? **Yes No**

If yes, please describe: _____

Does your child have any significant physical or emotional condition? **Yes No**

If yes, please describe: _____

Does your child have any fears/phobias that we should be aware of? **Yes No**

If yes, please describe: _____

Does your child have an imaginary playmate? **Yes No**

If yes, please describe: _____

Does your child play with other children? **Yes No**

If yes, what are the sex and ages of their most frequent companions? _____

Does your child usually play alone? **Yes No**

Do you or someone else regularly read to your child? **Yes No**

If yes, what are his/her favorite books: _____

What activities does your child enjoy doing with...

Mother? _____

Father? _____

Siblings? _____

Grandparents? _____

What type of play would you describe as being your child's favorite? _____

Does your child have a regular nap and/ or bedtime? **Yes No**

Anything we should know about his/her sleep habits? _____

Do you wish to participate in our class phone list? **Yes No**

This is used for play dates or party helpers.

Equal Opportunity Information: This information is needed to insure equal education opportunities for your child and may not be used to discriminate against him/her. This information is also required to file state and federal report. Please check the appropriate category . White Hispanic Russian African American American Indian/ Alaskan Native Asian/ Pacific Islander

My child has permission to engage in all prescribed activities, except as noted by me and/or the prescribing physician. In case of illness or injury, I/we give permission for him/her to receive first aide, and to receive emergency treatment from a licensed physician and/or hospital with the most reasonable access. I/we further release Lil' Learners Preschool and Grace Baptist Church from any liability or damages, including any claim for injuries incurred by my/our child as a result in participation of programs.

I (print parent's name) _____ understand that Lil' Learners Preschool/ Grace Baptist Church's insurance shall be excess over any other valid and collectible insurance to the injured person. This subject to the insurance company's limit of liability for medical payments.

Parent signature _____ Date: _____