

Has your child been enrolled in a preschool/daycare before? If so, when and where?

Is your child toilet trained? _____

Does your child have any special fears/anxieties that we should be aware of? If so, please describe.

Please list any special interests/play activities of your child.

Is any language other than English used in the home? If so, please describe.

Persons authorized to pick up your child:

Name	Relationship	Phone No.
1) _____	_____	_____
2) _____	_____	_____
3) _____	_____	_____

Child's Doctor: _____

Office Address: _____ Phone No: _____

Child's Dentist: _____

Office Address: _____ Phone No: _____

Hospital Preference: _____

List Any Allergies: _____

I hereby give permission for you to administer general first aid, i.e.. Antiseptic cream and band-aids. In the event of an illness or accident, which requires immediate medical treatment, at a time when a parent cannot be located, I give permission for Glenn View Baptist Preschool Personnel designated by the Director to authorize treatment. I will not hold the center nor medical personnel responsible. This is done with the understanding that every attempt will be made to contact the parents, the child's physician, and other persons listed for emergency contact.

Signed: _____ Date: _____

Immunization Requirements

A medical record of your child's immunization must be on file in the Preschool Director's office prior to the first day of school. For the children's safety, there will be no exceptions to this rule.

