



CHILD'S PERSONAL RECORD

Dear Parent:

Certain information is necessary to enable us to provide the best experience for your child. This information includes a thorough history with reports of physical examinations, immunizations, and certain family background.

THIS FACILITY DOES NOT DISCRIMINATE ON THE BASIS OF RACE, SEX, COLOR, NATIONAL ORIGIN, AND/OR RELIGION.

PLEASE PRINT OR TYPE ALL INFORMATION

NAME OF CHILD _____
Last First Middle

DATE OF BIRTH _____ / _____ / _____

HOME ADDRESS _____
Street Address Apt#

_____ / _____ / _____
City State Zip Code

PHONE NUMBER _____

EMAIL ADDRESS _____ / _____
Mom Dad

The school must be notified immediately when any of the following occurs: change of address, phone number, place of employment, or family physician.

Father's Name _____
Last
First
Middle

Home Address _____ Phone Number _____

Employer _____

Business Address _____

Business Number _____ Cell Number _____

Social Security Number _____

Mother's Name _____
Last
Name
Middle

Home Address _____ Phone Number _____

Employer _____

Business Address _____

Business Number _____ Cell Number _____

Social Security Number _____

List 2 people who may be called in an event of an emergency or if your child becomes ill and neither parent cannot be reached. The state requires 2 people be listed, even if they are out-of-state addresses.

(1) Name _____ Phone Number _____

Address _____

(2) Name _____ Phone Number _____

Address _____

Name and address of legal guardian(s) of child if custody has been removed from either of both parents:

Note: If one parent has full custody of the said child, we must have legal court papers in the child's file stating who has custody of the child and who is authorized to visit/pick-up the child at the school. If court papers are not included in the child's folder, we cannot deny the other parent visitation of the child or authorization to pick-up the child.

The school will notify the responsible person(s) when the child becomes ill and it is understood that the child will be picked up as soon as possible. However, do you authorize the school to obtain emergency medical care when responsible person(s) cannot be reached immediately?

Yes _____

No _____

Child's Physician _____ Phone Number _____

Address _____

If your child has any known ALLERGIES (this includes food, medication, or anything else) please list them below. Also note any ADVERSE REACTIONS. Please note that your child's physician must document ALL allergies on the appropriate physical/medical form. Also, if your child has any allergies you must have an Emergency Medical Plan form filled out by you and the doctor.

Allergies/ Adverse Reactions _____

What to do in an emergency? _____

Father's signature and date

Mother's signature and date

Please list people who are authorized or who are not authorized to visit or pick-up your child. **This means that you are giving the authorized persons listed below permission to pick up your child at any time regardless of whether you contact the school or not.**

Authorized _____

Authorized _____

NOT Authorized _____

Field Trip Permission

As part of the curriculum for the school, we plan several field trips throughout the year that are of educational value to the children.

We give our permission for _____ to be taken on any field trips

Child's Name

that the school has planned. We understand that the children will be accompanied and supervised by school staff and will be responsible for the children to the same extent as if they were on school premises. We further understand that if we do not wish our child to participate in a particular field trip that is planned, we will make other arrangements for their care on that day. There is no reduction in tuition as a result of your child being absent from a field trip.

Father's signature and date

Mother's signature and date

ADDITIONAL INFORMATION

All day care centers or schools your child has attended

Name of Center _____

Address _____ Phone Number _____

Reason for leaving _____

Name of Center _____

Address _____ Phone Number _____

Reason for leaving _____

Name of Center _____

Address _____ Phone Number _____

Reason for leaving _____

Name of Center _____

Address _____ Phone Number _____

Reason for leaving _____

OTHERS:

Additional Children in the family:

Name of siblings and ages: _____

What language is primarily spoken at home: _____