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| --- | --- |
| Date of Birth: (Month/Day Year)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Age as of September 1:\_\_\_\_\_\_\_\_\_\_\_\_\_ | Primary Emergency Phone Number:  |
| Child’s Name: | Parent or Guardian Name(s):1.2. |
| Home Address: | Email Address(es): |
| Home Phone: | Cell Phone: |
| Mother Work Phone: | Father Work Phone: |
| Mother Cell Phone: | Father Cell Phone: |
| Mother’s Place of Employment and Work Address: | Father’s Place of Employment and Work Address: |
| Emergency Contact Name #1 (besides parent): | Emergency Contact Number #1: |
| Emergency Contact Name #2 (besides parent): | Emergency Contact Number #2: |
| Child’s Physician and Phone Number: | Known Allergies, Symptoms & Reaction: |
| Dietary Restrictions: | Recent Diagnoses we should be aware of: |
| Certificate of Immunization Form 3231 Exp. Date: | Child’s Living Arrangements: |
| Has your child ever been diagnosed with or treated for the following (please check): |  |
| Heart disease | Eye/ear/nose/throat disorders |
| High blood pressure | ADHD/ADD |
| Cystic fibrosis | Blood disease- Hepatitis A/B/C/non-A/non-B |
| Muscular dystrophy | Immunological diseases/HIV |
| Lung disease/asthma/RAD/TB | Neurological diseases |
| Any other chronic disorder (please print): | Any condition or disease not listed (please print): |

If you answered yes to any of the above questions, we will require further information from you and/or your child’s physician prior to the beginning of the school year. All information disclosed on this form will be kept strictly confidential.

Throughout the year, we take photographs of the various activities we have scheduled, including class time. Periodically, we make these photos available for print and online publications such as the website, Facebook, parent emails, brochures, preschool and/or church materials, bulletin boards, etc.. At no time will these photos be released for any outside vendors or publications, and at no time will children’s names be published.

I AGREE to the use of my child’s photograph(s) under these conditions. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (initials

I DO NOT AGREE to the use of my child’s photograph(s) under these conditions. \_\_\_\_\_\_\_\_\_\_\_\_(initials)