



ID & EMERGENCY CONTACT

Family Information

Child's Full Name _____ Nickname _____

Birthday _____ Male Female

Home address _____

City _____ Zip _____ Phone _____

Father's (or Guardian's) Name _____

Father's Address (if different than child's) _____

City _____ Zip _____ Phone _____

Email _____

Father's Occupation _____ Business Phone _____

Company Name _____

Address _____

Mother's (or Guardian's) Name _____

Mother's Address (if different than child's) _____

City _____ Zip _____ Phone _____

Email _____

Mother's Occupation _____ Business phone _____

Company Name _____

Address _____

Marital Status of Parents (or Guardians):

Married Separated Divorced Widowed Stepmother Stepfather

Any custody/visitation arrangements staff should know about: _____

If Child is Adopted:

Age at adoption? _____ Does child know he/she is adopted? Yes No

Siblings of Child:

Name _____ Date of birth _____ Year in school (fall) _____

Name _____ Date of birth _____ Year in school (fall) _____

Name _____ Date of birth _____ Year in school (fall) _____

Name _____ Date of birth _____ Year in school (fall) _____

Name _____ Date of birth _____ Year in school (fall) _____

Other members of the household (include relationship and age): _____

Medical Information

Past Illness(es):

Chickenpox Diabetes Poliomyelitis Scarlet fever Epilepsy

10-day measles Rheumatic fever Whooping cough 3-day measles

Hepatitis Mumps

Specify any other serious or severe illnesses or accidents: _____

Does child frequently have:

Colds? Yes No (If yes, explain) _____

Ear infections? Yes No (If yes, explain) _____

Tonsillitis? Yes No (If yes, explain) _____

Stomachaches? Yes No (If yes, explain) _____

Does child vomit easily? Yes No (If yes, explain) _____

Does child run high fever easily? Yes No (If yes, explain) _____

Is child allergic? Yes No (If yes, explain) _____

Asthma Hay fever Hives Other _____

Do you know what the allergy is caused by? _____

Any food allergies or food restrictions? _____

Parent evaluation of child's health: _____

Child Information

Parent evaluation of child's personality: _____

Does child have any special needs, problems or fears? (Explain) _____

Does child have any speech problems? _____

Is child toilet-trained? _____

Does child use any special words for "bowel movement" and "urination"? _____

Has child had group play experience? Yes No (If yes, where?) _____

Menlo Church Affiliation

Members Attend frequently Attend occasionally Would like information
Attend another church Do not have any church affiliation

Childcare and transportation arrangements

If both parents are away from home during the day, please state arrangements for child's care when not at school:

Name _____ Phone _____

Please list person(s) authorized to pick up child from school:

Name _____ Phone _____

Name _____ Phone _____

In Case of Illness:

Please state arrangements made to pick up and care for ill child when parent (guardian) is not available:

(Do not list home day care family unless they will pick up and care for ill child.)

Name _____ Phone _____

Name _____ Phone _____

Is there anything else our staff should know about your child? _____

Do you want your address/phone in the school directory? Yes No

Signed (Mother/Guardian) _____ Date _____

Signed (Father/Guardian) _____ Date _____