

Kids Under Construction Preschool Information sheet

Child's name _____ Gender _____

Nick name to be used at school _____

Date of birth _____

	Mother	Father
Name	_____	_____
Employer	_____	_____
Phone:	(H) _____	_____
	(W) _____	_____
	(Cell) _____	_____

Does child live with both parents? _____

Mailing address _____

City & zip _____

Is the child in the care of someone other than the parents during the day? _____

Caregiver's name _____ Phone _____

Does the child speak a language other than English at home? _____
If yes, what language? _____

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Does your child have allergies? _____

List any medical concerns: _____

Is your child fearful of new situations or reluctant to leave parents?

Please add any comments that will help us get to know your child:

I give permission for my child to be transported and to participate in field trips during the school day. (parents may attend too)

I also give permission for my child to participate fully in the Kids Under Construction Preschool program.

Signature of parent or guardian

_____ Date _____

I give permission for photographs of my child/children to be used for preschool websites, newsletters, slide show and publicity purposes.

Yes _____

No _____

Signature of parent or guardian

_____ Date _____

Kids Under Construction Preschool Emergency Medical Authorization

Name of Child: _____ Birthdate _____

Name of parents or guardians _____

Telephone number (H) _____ (cell) _____

Medical Concerns/allergies

I authorize the staff members of Kids Under Construction Preschool, Inc. to obtain immediate medical care for my child. I consent to the hospitalization of, the performance of necessary diagnostic testing, the use of surgery on, and the administration of medication to my child by medical staff if an emergency occurs. It is understood that this agreement covers only the treatment deemed necessary by a physician or emergency personnel when the parent or guardian can not be reached.

Please check one:

_____ 1. Child does not currently have insurance
We will be responsible for medical expenses.

_____ 2. Medical treatment costs are covered by medical insurance
Insurance company name _____
Policy number _____

Child's Physician _____

Phone number _____

Signature of parent or guardian

_____ Date _____