

**Immanuel Lutheran Preschool
Child Information Form (2018-2019)**

I. Identification Information

Child's Name _____ Gender _____
(last) (first) (middle)

Nickname _____ Church Affiliation (optional) _____

Child's Address _____ Phone _____

Child's Birthdate _____

Name of Parent(s) or Guardian(s):

Name _____ Relationship _____

Address(if different from above) _____

Home Phone(if different from above) _____ Cell Phone _____

Place of Work _____ Work Phone _____

Name _____ Relationship _____

Address(if different from above) _____

Home Phone(if different from above) _____ Cell Phone _____

Place of Work _____ Work Phone _____

Name _____ Relationship _____

Address(if different from above) _____

Home Phone(if different from above) _____ Cell Phone _____

Place of Work _____ Work Phone _____

II. Family History: Parent's Marital Status: Single _____ Married _____
Separated _____ Divorced _____ Deceased _____

Other children in the home:

Name	Relationship	Age
_____	_____	_____
_____	_____	_____
_____	_____	_____

Pets:

1. _____ 2. _____

III. If a sitter is responsible for your child while the child is in school, please provide:

Name _____

Address _____ Phone _____

IV. Physical Habits:

Does your child have any food allergies or dislikes? (Explain)_____

Is your child left-handed or right-handed?_____

V. Social/Emotional Development:

Describe your child's previous group/play experience(s) with other children:_____

Does your child have a special interest?_____

What are your child's fears?_____

When does he/she show them?_____

When you find it necessary to discipline your child, what type of discipline do you find to be most effective?_____

How does your child respond to discipline?_____

VI. Give any further information that you believe will be helpful to us in understanding your child (past health history, home-family situations, child's behavior, speech or hearing problems, allergies, etc.)

(If you have any additional information, please use an additional sheet and attach it to this page)

VII. Parent involvement:

Would you like to be periodically involved in the program as a volunteer?_____

Would you be willing to drive for field trips?_____ When are you available?_____

Do you have any special talents, services, or a career you would be willing to share with us?_____

Would you be interested in becoming a parent representative on the Preschool Board of Directors?

Yes_____ No_____

What would you most like your child to gain from preschool this year?_____

What influenced your decision to send your child to Wee Care?_____

**Immanuel Lutheran Preschool (2018-2019)
Pick-Up Authorization Form**

Child's Full Name: _____

Child's Age: _____

I hereby give permission for my child to leave the center with the following persons identified below. It is my responsibility to notify the center in writing of any changes to this authorization.

Name	Address	Phone No.	Relationship

Is there a court order prohibiting contact by any person?
____ Yes ____ No If 'Yes,' please provide photocopy of the court order.

Name of prohibited person _____ Relationship _____

Is there any child custody order of which we need to be aware? _____

If so, please advise: _____

Name of persons who may not pick up my child:

Signature of Parent or Guardian

Date

Immanuel Lutheran Preschool (2018-2019)
Permission Form

(Circle one)

I **do/do not** give permission for my child _____ to leave the preschool facility for various trips to special places. I understand I will be notified before each activity and that all drivers will be licensed and insured.

Restrictions on such field trips:

1. Each child will be secured in a car seat (provided by parents) for any car trips.
2. No snack will be given in the vehicle.
3. (Additional restrictions, if any, set by parents)

(Circle one)

I **do/do not** give my permission for Immanuel Lutheran Preschool to use my child's picture of school activities in the newspaper and/or other publications (including Facebook) promoting the preschool.

I **do/do not** give my permission for my child to wear sunscreen when going outside while attending Immanuel Lutheran Preschool (I understand that I must provide the sunscreen for my child's use).

Signature of Parent or Guardian

Date

**Immanuel Lutheran Preschool Parental (2018-2019)
Emergency Medical Consent Form**

This form must be presented upon admission for treatment. If numbers change, please notify the school.

Child's Name _____ Birthdate _____
(last) (first) (middle)

This form allows parents and guardians to authorize the provision of emergency treatment for above named child who becomes ill or injured while under program authority when parents or guardians cannot be reached.

In the event reasonable attempts to contact me at _____ (phone number) or _____ (phone number) have been unsuccessful, I hereby give consent for the administration of any treatment deemed necessary by Doctor _____ (physician) at _____ (phone number) or Doctor _____ (dentist) at _____ (phone number) or in the event the designated practitioners are not available, then by another licensed physician or dentist; and the transfer of the child to _____ (preferred hospital).

1. Parents/Guardians with Whom the Child Resides:

Name _____ Relationship to Child _____
Address _____ Home Phone _____ Cell Phone _____
Employer _____ E-mail _____
Work Phone _____ Work Hours _____

Name _____ Relationship to Child _____
Address _____ Home Phone _____ Cell Phone _____
Employer _____ E-mail _____
Work Phone _____ Work Hours _____

2. Persons to Contact in Case of Emergency if Parents Are Unavailable, and are Authorized to Pick Up Child:

Name _____ Relationship to Child _____
Address _____ Home Phone _____ Cell Phone _____
Employer _____ E-mail _____
Work Phone _____ Work Hours _____

Name _____ Relationship to Child _____
Address _____ Home Phone _____ Cell Phone _____
Employer _____ E-mail _____
Work Phone _____ Work Hours _____

3. Are there any custody or restraining orders for person(s) who may attempt to pick up or have contact with the child while in care at the center?

Name _____
Name _____

4. Information:

Physician name _____ Dentist name _____
Street address _____ Street address _____
City, State _____, Phone Number _____ City, State _____, Phone Number _____

Date of Last Tetanus _____ Known Allergies _____

Present Medication(s) _____

Insurance Company _____ Policy Holder's I.D. _____

This consent **will be in effect for one year** beginning _____

Signature of Parent or Guardian

Date

Immanuel Lutheran Preschool (2018-2019)

Physical Form

Fax Number: 319-334-4596

Name _____ Gender _____
(last) (first) (middle)

Parent(s)/Guardian(s) _____
Address _____

Parent(s)/Guardian(s) _____
Address _____

Parent(s)/Guardian(s) _____
Address _____

Date of Birth _____ Birth Weight _____

Any birth complications _____
(child's physician fill out below)

Height _____ Weight _____

Illnesses:	Age		Age
Asthma or wheezing _____		Whooping cough _____	
Heart disorder _____		Mumps _____	
Seizures or spells _____		Chicken pox _____	
Eczema or hives _____		Pneumonia _____	
Scarlet fever (Scarlatina) _____		Colds: susceptible - Yes _____	
Measles _____		No _____	
Rubella (German measles) _____		Recurrent ear infections - Yes _____	
		No _____	
Other _____			

Any special health precaution we should be aware of? _____

Allergies (medication, food, hay fever, etc.) _____

Injuries, accidents _____

Identifying marks (birth makes, scars, etc.) _____

On regular medication? _____

Summary of findings and recommendations:

I have examined _____.

In my opinion he/she is _____ or is not _____ physically and emotionally able to participate in a preschool program.

Immunizations: Complete _____ or not complete _____ for age.

Date of next immunizations _____.

Signature of Physician

Date

**Immanuel Lutheran Preschool (2018-2019)
Family Handbook**

Signature Page

I have read and understand this handbook containing the Immanuel Lutheran Preschools' Policies and Procedures.

If you are a parent of a 3-year-old student, please sign here:

Parent Signature

Date

Parent of _____
Print Child's Name