

# Wee Care Preschool PK4

Date Received: \_\_\_\_\_

## Student's Legal Name - Please Print

Last \_\_\_\_\_ First \_\_\_\_\_ M \_\_\_\_\_

Preferred name: \_\_\_\_\_ Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: \_\_\_\_\_ Age: \_\_\_\_\_

## Parent/Guardian Residing with student - Please Print

Last \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_

Relationship to student \_\_\_\_\_

Home Address \_\_\_\_\_ Apt/Unit Number \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Number \_\_\_\_\_ Cell or home?

Email Address \_\_\_\_\_

Employer \_\_\_\_\_ Work Phone Number \_\_\_\_\_

## Additional Parent/Legal Guardian/Guardian - Please Print

Last \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_

Relationship to student \_\_\_\_\_

Home Address \_\_\_\_\_ Apt/Unit Number \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Number \_\_\_\_\_ Cell or home?

Email Address \_\_\_\_\_

Employer \_\_\_\_\_ Work Phone Number \_\_\_\_\_

## Additional Information

Physician name \_\_\_\_\_ Dentist name \_\_\_\_\_ Choice Hospital \_\_\_\_\_

Street address \_\_\_\_\_ Street address \_\_\_\_\_ Street address \_\_\_\_\_

City, State \_\_\_\_\_ City, State \_\_\_\_\_ City, State \_\_\_\_\_

Phone Number \_\_\_\_\_ Phone Number \_\_\_\_\_ Phone Number \_\_\_\_\_

\_\_\_\_\_  
Date of Last Tetanus Known Allergies Present Medications

\_\_\_\_\_  
Insurance Company Policy Holder's I.D.

This consent **will be in effect for one year** beginning \_\_\_\_\_

\_\_\_\_\_

Signature of Parent or Guardian

\_\_\_\_\_

Date

## Getting To Know You

Is your student (circle one):      left-handed                      right-handed                      unknown

Describe your student's previous group/ play experience with other children: \_\_\_\_\_

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Does your student have a special interest? \_\_\_\_\_

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What are your student's fears? \_\_\_\_\_

When does he/she show them? \_\_\_\_\_

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

How does your student respond to discipline?

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

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Favorite TV show, movie, video(s) \_\_\_\_\_

Favorite play activity? \_\_\_\_\_

Word or phrase used for going to the bathroom? \_\_\_\_\_

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

Arrive: \_\_\_\_\_ Depart: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

If possible, would you like to be periodically involved in the program as a volunteer? \_\_\_\_\_

Would you be interested in being a parent representative on our preschool board at Wee Care? \_\_\_\_\_

Do you have any special talents, services, or a career you would be willing to share with us? If so, please describe.

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

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What influenced your decision to send your student to this preschool? \_\_\_\_\_

# Wee Care Preschool PK4

## Pick-Up Authorization Form

Child's Full Name: \_\_\_\_\_

Child's Birthdate: \_\_\_\_\_

Name	Address	Phone No.	Relationship
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Is there a court order prohibiting contact by any person?

\_\_\_\_ Yes    \_\_\_\_ No    If 'Yes,' please provide a 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:  
\_\_\_\_\_  
\_\_\_\_\_

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

This consent **will be in effect for one year** beginning \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date