

DUE WEST UMC PRESCHOOL MINISTRY
STUDENT AND FAMILY INFORMATION 2011-2012

You can help us plan for your child's needs, understand concerns and responses, and support and encourage your child if you provide the following information. The information will remain confidential, and we hope you will update it when needed.

Child's Name _____ Name used _____

Address _____

City _____ Zip Code _____ Subdivision _____

Date of Birth _____ Age on 9/1/11 _____ Sex: M _____ F _____

Mother's Name _____ Occupation _____

Employer _____ Position _____

Business Phone _____ Cell Phone _____ Home Phone _____

**Please mark the best number for us to call.*

Email addresses: Mother _____ Father _____

Father's Name _____ Occupation _____

Employer _____ Position _____

Business Phone _____ Cell Phone _____ Home Phone _____

**Please mark the best number for us to call.*

Home Church _____

Parents are: Married Separated Divorced Widowed

If divorced or separated, please describe custody and/or visitation agreement concerning your child: _____

Allergies. What is your child allergy and how does it affect him/her? _____

Food allergy: _____

minor allergy serious allergy parent preference religious reasons other

Describe the child's typical reaction to this food _____

Must this food be avoided in all forms and even in small amounts? _____

Does your child require the use of an EpiPen in the event of a severe allergic reaction? _____

We must have an Epi Pen at the school and a written note from the doctor to administer it.

What actions would you like us to take if we observe what appears to be an allergic reaction?

**Please discuss this with your child's teacher as well as writing this information here.*

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Is your child on any medication? If so, what medication, in what dose, for what condition, and how does it affect him/her? _____

Does your child have any particular fears? _____

Does either parent's work require them to be out of town frequently? No _____
Yes (please explain) _____

Please list other people (besides child's parents) in your household:

<u>Name</u>	<u>Age</u>	<u>Relationship</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Have there been births, deaths, adoption or other changes in the family structure that affected your child? If so, please explain and describe the effect on your child.

What opportunities does your child have to play with other children?
_____ Sunday school/church _____ siblings, cousins or other family _____ neighborhood
_____ preschool or MMO name (if not Due West) _____
When does your child attend other program _____

How do you discipline your child? _____

What communicable diseases has your child had? Indicate date or age.
_____ chicken pox _____ measles _____ scarlet fever _____ mumps

Does your child have frequent:
_____ colds _____ coughs _____ ear infections _____ flu
_____ sore throats _____ strep throat _____ upset stomach

Has your child had a serious illness, surgery, or hospital stay? If so, describe it and your child's reaction. _____

Is there anything else about your child we should know? _____

What do you expect from your child's preschool experience? _____

DUE WEST UMC PRESCHOOL MINISTRY

EMERGENCY INFORMATION AND RELEASE FORMS 2011-2012

I give my consent for any staff member of Due West UMC Preschool Ministry or Church or any qualified medical personnel to act on my behalf in securing and administering necessary emergency medical care and treatment for my child while on church property or attending a preschool field trip.

Parent's Signature Date

Child's Name _____

Date of Birth _____ Social Security Number _____

Parents' Names _____ Home Phone _____

Dad's Cellular Phone _____ Mom's Cellular Phone _____

Dad's Work Phone _____ Mom's Work Phone _____

**Please mark the best number for us to call in an emergency.*

In case of an emergency and I cannot be reached, these people have my permission to pick up my child:

****This list is not for regular afternoon pick-up changes.** Those changes require a note or phone call.

<u>Name</u>	<u>Phone number</u>	<u>Relationship to child</u>
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Allergies (include reactions to the allergen) _____

Name of Insurance Company _____

Name of Primary Insurance Holder _____

Contract or Group Number _____

Mailing Address _____

Doctor's Name & Phone _____

Dentist's Name & Phone _____

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EMERGENCY INFORMATION AND RELEASE FORMS 2011-2012

PERMISSION FOR PICTURES (All ages)

I give permission for my child to be included in individual and group photographs taken by the preschool staff or photographers of their choice. I give my permission for these pictures to be used in the preschool photo album, church publications, and slide or video productions used at the church.

Parent's Name _____ Date _____

PERMISSION FOR DIRECTORY (All ages)

I give permission for my family's name, address, phone number, and email address to be printed and distributed to parents of my child's class in the form of a class list or preschool directory.

Parent's Name _____ Date _____

PERMISSION FOR PROGRESS REPORTS (Three, Four & Young Five Year Olds ONLY)

I give permission for my child to be included in progress report evaluations connected with the preschool program.

Parent's Name _____ Date _____

I understand that Due West UMC Preschool is exempt from licensing in the state of Georgia and has the official letter posted in the office to prove that status.

Parent's Name _____ Date _____

INFORMATION ON FIELD TRIPS (Three, Four & Young Five Year Olds ONLY)

Children in the three year old classes go on one field trip a year in April or May. Children in the four and five year old classes go on four field trips a year (three trips are in parent cars). By law, these children are required to be in a car seat or booster seat. We will be using parent drivers for our trips and their vehicles will be available at drop off time for parents to install their child's car seat. We will have individual field trip permission forms, so each child will have to have a signed form and a car seat or booster to go on any trip in a car. The state of Georgia requires all children under 8 years of age to use a car seat or booster at all times.

I have read and understood this information (this is NOT a permission form):

Parent's Name _____ Date _____

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HEALTH FORM 2011-2012

THIS FORM IS TO BE COMPLETED AND SIGNED BY A DOCTOR.

Child's Name _____

Physician's Name & Phone _____

Any allergies? _____

Any infectious diseases? _____

Any special medical needs? _____

Any medical history of which the school should be aware? _____

Physician's Signature

Date

At the beginning of the year this form must be in the preschool office by the first day of school along with a current GEORGIA IMMUNIZATION CERTIFICATE #3231 with the date of the next immunization due.

Children who register after the school year has begun must have this form in the preschool office **within 30 days of the child's first day in school along with a current GEORGIA IMMUNIZATION CERTIFICATE #3231 with the date of the next immunization due.**