

**St. Lucas Preschool Information Form  
2017-2018**

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

**Child's Name:** \_\_\_\_\_ **Nickname:** \_\_\_\_\_

Sex: \_\_\_\_\_ Age Now: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

**Mother's Name:** \_\_\_\_\_ **Email:** \_\_\_\_\_

Mother's Address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Mother's Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_

Employer: \_\_\_\_\_ Address: \_\_\_\_\_

Hours of Employment: From \_\_\_\_\_ To: \_\_\_\_\_

**Father's Name:** \_\_\_\_\_ **Email:** \_\_\_\_\_

Father's Address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Father's Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_

Employer: \_\_\_\_\_ Address: \_\_\_\_\_

Hours of Employment: From \_\_\_\_\_ To: \_\_\_\_\_

Is it alright to provide your email address to other parent? \_\_\_\_yes \_\_\_\_no

Siblings: \_\_\_\_\_ Age: \_\_\_\_\_ \_\_\_\_\_ Age: \_\_\_\_\_

\_\_\_\_\_ Age: \_\_\_\_\_ \_\_\_\_\_ Age: \_\_\_\_\_

If child has attended St. Lucas Preschool before, who was the teacher? \_\_\_\_\_

Church Affiliation: \_\_\_\_\_

**Emotional or Physical Concerns (fears, dependencies, special diets, allergies, etc.):**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**How would you like Preschool to help your child?** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PLEASE COMPLETE THE BACK OF THIS FORM**

**Emergency Contacts:**

People to call in an emergency (other than parents or doctor):

Name: \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Cell: ( ) \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Cell: ( ) \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

**Persons Authorized to Take Child from Preschool:**

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

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

**Authorization for Emergency Medical Care:**

I understand that in case of an accident or injury to my child, I will be notified immediately. If my child requires emergency medical care, the physician and preferred hospital to be used are:

Doctor/Clinic: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Preferred Hospital: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

**Website/Social Media:**

We use pictures of school activities on our website and social media pages, but never use names. Please check one:

\_\_\_\_\_ I give the Preschool permission to use my child's picture on the website/social media

\_\_\_\_\_ I DO NOT give the Preschool permission to use my child's picture on the website/social media

**Buzz Book Permission:**

We create a Buzz Book annually for our staff and families. We include parents and students names, address, phone numbers and email addresses.

\_\_\_\_\_ I give the Preschool permission to use our family information in a Buzz Book

\_\_\_\_\_ I DO NOT give the Preschool permission to use our family information in a Buzz Book.

**Agreements: (please read and initial each one)**

- A. I have been informed of the required health and safety inspections ("Notice of Parent Responsibility" signed at enrollment time) and that the inspection forms are available for review. \_\_\_\_\_
- B. When my child is ill, I understand and agree that my child may not be allowed to attend school. \_\_\_\_\_
- C. I understand that before the first day of attendance by my child, I will provide proof of completed age appropriate immunizations or exemption from immunizations. \_\_\_\_\_
- D. I have been notified that I may request notice whether there are children currently enrolled in the preschool for whom an immunization exemption has been filed. \_\_\_\_\_

Parent/Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_