



Child's Information

Child's Name: _____ D.O.B: _____ Age: _____

Child's Address: _____ State: _____ Zip: _____

Phone #: _____ Email: _____

With whom does the child reside? Please list the names of everyone living with the child.

Brief Description of child: _____

Does your child have any special needs that we should be aware of? Yes No

If yes please explain: _____

Parent/Guardian Information

Parent/Guardian 1

Name: _____ Relationship to child: _____

Address _____ Zip: _____ WA

Home Phone #:(____) _____ Cell:(____) _____ Email: _____

Employer: _____ Work Phone # _____ Ext. _____

Parent/Guardian 2

Name: _____ Relationship to child: _____

Address _____ Zip: _____ WA

Home Phone #:(____) _____ Cell:(____) _____ Email: _____

Employer: _____ Work Phone # _____ Ext. _____

Health History

Does your child currently have health insurance? Yes No

Physicians Name: _____ Phone #: () _____

Date of Last Physical: _____ Preferred Clinic or Hospital: _____

Does your child have any food allergies? Yes No

If Yes Please Explain: _____

Dietary Restrictions? Yes No

If Yes Please Explain: _____

Health Conditions staff should be aware of? Yes No

If Yes Please Explain: _____

Consent to Medical Care and Treatment of a Minor

I, _____ (parent or legal guardian) hereby give permission that my child _____, may be given emergency treatment by a qualified staff member of Fairwood Community United Methodist Church. I further more authorize and consent to medical, surgical, and hospital care, treatment and procedures to be performed for my child by my child's physician, or when that physician is unavailable, by a licensed physician or hospital. If I cannot be contacted at the time of emergency I waive my consent to such treatment.

Signature: _____ Date: _____

****Joyful Hearts Preschool is a nut free environment**

Emergency Contact Information

The following people are authorized to pick up my child. Note: Written notification must be given by parent/guardian for anyone picking up that is not listed as an emergency contact. Children will not be release to anyone under 18 years of age and picture I.D is required for anyone picking up who teachers are not familiar with.

Emergency Contact 1

Name(s): _____ Relationship _____

Home Phone: () _____ Cell: () _____ Work:() _____

Emergency Contact 2

Name(s) : _____ Relationship _____

Home Phone:() _____ Cell:() _____ Work:() _____

Family Information

It is very important for us to build a strong family/school connection. In an effort to get to know your family better please answer the following questions.

Primary Language Spoken at Home: _____ Secondary Language: _____

Does your family have hobbies or special interest you enjoy together? Yes No

If yes, please explain _____

Church Affiliation? : _____

Would you be interested in receiving information about Fairwood Community UMC? Yes No

Would you be interested in volunteer opportunities within the preschool? Yes No

Would you be interested in being on the teacher substitution list? Yes No

Student Questionnaire

In order to get to know your student please answer the following questions to the best of your ability.

What are your child's interest s at the moment? _____

Is your child right handed or left handed? Right Left Don't Know

Does your child enjoy reading stories? **Yes No**

Can your child identify letters? **Yes No**

Are they able to sound out words on their own? **Yes No**

Does your child enjoy building? **Yes No**

Does your child know their colors? **Yes No**

Does your child know their basic shapes? **Yes No**

Does your child enjoy coloring, drawing, or doing crafts? **Yes No**

Does your child enjoy music? **Yes No**

Does your child seek out the company of other children to play with while at the park or other group setting?

Yes No

How would you best describe your child? _____

