

## Student Information Sheet

Child's Name \_\_\_\_\_ Nickname \_\_\_\_\_

Which name do you want your child to learn to write/spell \_\_\_\_\_

Child's Birthdate \_\_\_\_\_ How did you hear about us? \_\_\_\_\_

Mother's Name \_\_\_\_\_ Cell Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Mother's Work Place \_\_\_\_\_ Mother's Occupation: \_\_\_\_\_

Work Phone \_\_\_\_\_ E-Mail Address \_\_\_\_\_

Address \_\_\_\_\_ City/State \_\_\_\_\_ Zip \_\_\_\_\_

Father's Name \_\_\_\_\_ Cell Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Father's Work Place \_\_\_\_\_ Father's Occupation: \_\_\_\_\_

Work Phone \_\_\_\_\_ E-Mail Address \_\_\_\_\_

Address \_\_\_\_\_ City/State \_\_\_\_\_ Zip \_\_\_\_\_

Who should be contacted 1<sup>st</sup> \_\_\_\_\_ 2<sup>nd</sup> \_\_\_\_\_

Are parents \_\_\_\_\_ Married \_\_\_\_\_ Divorced \_\_\_\_\_ In a Relationship \_\_\_\_\_

Who does the child live with? \_\_\_\_\_

Church Preference \_\_\_\_\_

Names and ages of siblings \_\_\_\_\_

Does your child share a bedroom or bed? \_\_\_\_\_ With Whom \_\_\_\_\_

Is your child at a regular caregiver's \_\_\_\_\_ yes \_\_\_\_\_ no

Name of Caregiver \_\_\_\_\_ Phone \_\_\_\_\_

Address of Caregiver \_\_\_\_\_ City/State \_\_\_\_\_ Zip \_\_\_\_\_

If Parents cannot be reached, please call \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City/State \_\_\_\_\_ Zip \_\_\_\_\_

Who will be picking up your child? (Only these people will be allowed to take your child from preschool unless otherwise notified BY THE PARENTS)

Please list any individuals who CANNOT pick up your child \_\_\_\_\_

Please list any individuals who CANNOT have contact with your child \_\_\_\_\_

Will your child be riding the BATA bus? \_\_\_\_\_ yes \_\_\_\_\_ no If so, please complete the additional BATA form in this packet.

***Please complete the information on the other side of this form.***

Doctors Name \_\_\_\_\_ Phone \_\_\_\_\_

Please list all allergies, the severity, and treatment options

---

---

Medication taken on a regular basis \_\_\_\_\_

Any other specific health problems \_\_\_\_\_

Does your child wear glasses \_\_\_\_yes \_\_\_\_no When are they needed \_\_\_\_\_

Special interests of your child:

Music \_\_\_\_\_ Creative Play \_\_\_\_\_

Books \_\_\_\_\_ Games \_\_\_\_\_

Does your child have any fears \_\_\_\_\_

---

Does your child have any special toileting needs or words? \_\_\_\_\_

---

Does your child speak in a language other than English? If so, please list which is his/her 1<sup>st</sup> language and 2<sup>nd</sup> language \_\_\_\_\_

If English is your family's second language, are there any words we should be aware of that your child uses to indicate bathroom, eat, hurt, etc. \_\_\_\_\_

---

How do you discipline your child? \_\_\_\_\_

---

Does your child have any special learning needs? \_\_\_\_\_

---

Is there anything else that you feel may be helpful for us to know about your child?

---

---

What do you hope your child will gain from this preschool experience?

---

---

How would you prefer to receive program and classroom information, updates, and forms?

\_\_\_\_\_ Email only \_\_\_\_\_ Paper copy only \_\_\_\_\_ Both email and paper

## Field Trip Authorization

By signing this, I \_\_\_\_\_, am giving permission for Orchard Drive Preschool to take my child on field trips with his or her class. I understand that Orchard Drive Preschool will utilize the BATA bus transportation system for some of the field trips. I have included the BATA fee for my child (Make checks payable to Orchard Drive Preschool. This amount may be combined with the tuition/supply check):

T/TH 3 & 4: \$10

M/W/F 4 & 5: \$16

\_\_\_\_\_  
Parent's Signature

Please list any restrictions your child may have on a field trip:

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

## Medical Authorization

Authorization for emergency medical care must be obtained from the parents of each student.

I, \_\_\_\_\_, hereby give my permission to Orchard Drive Preschool, to call a doctor for medical or surgical care for my child, \_\_\_\_\_.

Should an emergency arise, it is understood that a conscientious effort will be made to locate me before emergency action will be taken, but if this is not possible the expenses of emergency medical treatment or care will be accepted by me.

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

Are your child's immunization shots up to date? \_\_\_\_\_

If not, please explain why \_\_\_\_\_

*Please complete the information on the other side of this form.*

## Photograph Permission Form

By signing this, I am giving permission for Orchard Drive Preschool to take photographs of my child for use in artwork, photo albums, class projects, preschool's Facebook page, and on the program's website. I understand that no photographs will be distributed for any other use.

\_\_\_\_\_  
Parent's Name (print)

\_\_\_\_\_  
Parents Signature

Please list any restrictions regarding photographs: \_\_\_\_\_

\_\_\_\_\_ I do not want my child photographed.

## Helping Hands: A request for parent volunteers

How would you like to help? (Please check all that apply)

\_\_\_\_\_ **Classroom Volunteer:** Help with photocopying, removing artwork, laminating, cutting, and other classroom projects. You can also volunteer to be in the classroom playing, reading, etc. Some of these items can be done at home. Time commitment is flexible based on availability- probably once a month for 1-2 hours.  
Availability: \_\_\_\_\_

\_\_\_\_\_ **Fundraiser Volunteer:** Help with our Hy-Vee Receipt and Labels for Education fundraiser programs. Each month we will send home either receipts to be added or Points to be organized. Time commitment is flexible and can be done at your home- about 1-3 hours per month.

\_\_\_\_\_ **Classroom Guest:** I have a hobby or occupation that I can share with the students.

\_\_\_\_\_ **Prayer Support:** Parents will commit to pray for our class of students, teachers, and program as whole. You may be contacted with specific prayer requests.

*If you choose to volunteer, you will be contacted within the first two weeks of school for more details. Volunteers for other needs such as field trips, class events, etc. will be requested by your child's teacher throughout the school year. Thank you for your support!!*