

SUNNY HILL PRESCHOOL 2016-2017
(Please complete both sides)

Child's name _____ Birth date _____

Address _____ Zip _____ Home phone _____

Parent/Guardian _____ Work phone _____ Occupation _____

Cell phone _____ /Place of employment _____

Email address _____

Parent/Guardian _____ Work phone _____ Occupation _____

Cell phone _____ /Place of employment _____

Email address _____

Do you have special talents or interests you would like to share with the children at Sunny Hill? Please explain

Child's physician _____ Address _____ Phone _____

Emergency Hospital Preference _____ Phone _____

Child's dentist _____ Address _____ Phone _____

Give instructions on how parents can be reached in an emergency and List two persons other than parents to be called if parents can not be reached at above numbers. Please list two and include someone who will usually know your whereabouts and the child care provider.

	Name	Address	Phone
1.			
2.			

Who is authorized to pick up your child from school?
(List name, phone number and relationship. Update list if it changes during the year)

List other children in the family and their birth dates:

Does your child have any Allergies? (food, animals, environment)

Tell us something special about your child.

Child's name _____ Nickname _____
(Please complete both sides)

Is there other information about social, emotional, physical or cultural needs that we should know about your child?

Please explain if your family is in the process of any kind of change at home.

How did you hear about Sunny Hill?

We chose Sunny Hill because:

Approximate date of your first parent orientation or visit to Sunny Hill _____

Permission to take part in school activities and to receive emergency medical care.

- I hereby grant permission for my child to use all the play equipment and participate in all of the activities of the school (unless otherwise notified.)
- I hereby grant permission for my child to leave the school premises under the supervision of a staff member for neighborhood walks or field trips in authorized vehicles.
- I hereby grant permission for my child's image to be included in evaluations and pictures connected with the school program for advertising and/or on our website.
- I hereby grant permission for staff members to take whatever steps may be necessary to obtain emergency medical care if warranted. These steps may include, but not be limited to the following:
 1. Attempt to contact a parent or guardian
 2. Attempt to contract child's physician.
 3. Attempt to contact parents through the persons listed above.
 4. If parents or child's physician can not be contracted, we will do any or all of the following:
 - a. call a physician at Stillwater Medical Clinic
 - b. have a staff member take the child to Lakeview Hospital emergency room.
 - c. Call 911.
- I hereby grant permission for ipecac syrup to be administered if necessary according to the instructions of the poison control center.

Signed _____ Date _____
(Parent or legal guardian)

If any of this information changes during the year, please inform us. Thanks!