

ST. LUKE PRESCHOOL & EARLY CHILDHOOD CENTER

2023-2024 EMERGENCY CONTACT FORM

PLEASE LIST THE CLASS, DAYS & HOURS YOUR CHILD WILL BE ATTENDING

Class: _____ **Days:** _____ **Hours:** _____

Child's Last Name: _____ First Name: _____ Nickname: _____

Child's Date of Birth: _____ Sex: _____

Address: _____ City: _____ Zip: _____

Mom's Name: _____ Dad's Name: _____

Mom's Cell # _____ Dad's Cell # _____

Mom's Work # _____ Dad's Work # _____

Mom's Email: _____ Dad's Email: _____

Occupation: _____ Occupation: _____

Child's Source of Medical Care/Primary Care Physician's Name:

Phone # _____

Child's Dentist's Name:

Phone # _____

Name of Medical Facility/Hospital:

Phone # _____

In case of accident or injury, I authorize any and all emergency medical, dental, and/or surgical care and hospitalization advised by the physicians, surgeon or hospital (listed on this form) necessary for the proper health and well-being of my child.
_____ Yes _____ No

Please indicate who we can contact in case of an emergency and/or who is authorized to pick up your child when you are unable. **(Please, do not list a parent, you are the first we will call).**

Pick Up Emergency

Name: _____ Relationship To Child: _____

Home Phone: _____ Cell Phone: _____

Name: _____ Relationship To Child: _____

Home Phone: _____ Cell Phone: _____

Name: _____ Relationship To Child: _____

Home Phone: _____ Cell Phone: _____

Parent Signature: _____ **Date:** _____

ST. LUKE PRESCHOOL & EARLY CHILDHOOD CENTER

CHILD CONFIDENTIAL FORM

PLEASE CHECK THE CLASS AND DAYS YOUR CHILD WILL BE ATTENDING

☐ **LEARN & PLAY** ☐ **PRESCHOOL** ☐ **PRE-K** ☐ **M/W/F** ☐ **T/TH** ☐ **M-F** ☐ **T/W/TH**

CHILD'S NAME: _____

Last

First

Nickname

Date of Birth

Sex

Does your child have any allergies? _____ (please list) _____

List any health information that should be known by the teacher/school:

List any siblings (their name and age):

Toilet Training: Is your child ☐ Partially Trained ☐ Fully Trained

Which hand does your child prefer? ☐ Right ☐ Left ☐ Not Sure

Describe your child's sleeping habits: **naps** _____ **bedtime** _____

What language or languages are spoken at home? _____

Please check the terms that best describe your child:

☐ Happy ☐ Even-Tempered ☐ Imaginative ☐ Shy ☐ Fearful ☐ Sympathetic ☐ Independent

☐ Aggressive ☐ Moody ☐ Stubborn ☐ Dependent ☐ Impulsive

What methods of discipline have you found to be most effective?

How does your child react to controls and correction?

In separating from you, how does your child react?

Does your child have any fears of which others should be aware of?

What activities does your child enjoy?

How does your child interact with other children?

Has your child previously attended another preschool or a childcare program? _____

(Name of program) _____ Full Day _____ Half Day

Has your child been evaluated and/or receiving services? _____ (i.e. SEIT, Speech, Physical/Occupational Therapy)

If yes, what services is your child receiving? _____

Are there things that your child does or does not do that concern you? _____

What would you like your child to gain from their preschool experience?

Comments, if any:

Parent Signature _____ **Date** _____

ALL INFORMATION SHARED WITH US IS KEPT IN COMPLETE CONFIDENCE



**St. Luke Preschool &
Early Childhood Center**