

**ST. ANDREWS PRESCHOOL AND EXTENDED DAY  
STUDENT INFORMATION SHEET**

Child' Name (M or F) \_\_\_\_\_ Class \_\_\_\_\_  
DOB \_\_\_\_\_

Address: \_\_\_\_\_ Home Phone \_\_\_\_\_

City and zip code \_\_\_\_\_ E-mail Address \_\_\_\_\_

Parent: \_\_\_\_\_ Cell Phone \_\_\_\_\_

Employer \_\_\_\_\_ Business Address \_\_\_\_\_

Work Phone \_\_\_\_\_ Occupation \_\_\_\_\_

Parent: \_\_\_\_\_ Cell Phone \_\_\_\_\_

Employer \_\_\_\_\_ Business Address \_\_\_\_\_

Work Phone \_\_\_\_\_ Occupation \_\_\_\_\_

Marital Status \_\_\_\_\_ Is this child adopted? \_\_\_\_\_

Remarks, custody/visitation arrangements that we need to be aware of: \_\_\_\_\_

\_\_\_\_\_

Child lives with: Mother, Father, Stepmother, Stepfather, Guardian, Grandparent(s), Brother, Sister  
(Circle all that apply) Other: \_\_\_\_\_

Religious Affiliation \_\_\_\_\_

List any allergies, handicaps or problems we should be aware of: \_\_\_\_\_

\_\_\_\_\_

Emergency Contacts authorized to pick up your child:

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

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

Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship \_\_\_\_\_ Relationship \_\_\_\_\_

**PERMISSION IS GRANTED FOR THE ABOVE MENTIONED INDIVIDUALS TO PICK UP MY CHILD.**

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

**PERMISSION IS GRANTED TO MEET THE NEEDS OF MY CHILD IN CASE OF AN EMERGENCY.**

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

Pediatrician \_\_\_\_\_ Phone: \_\_\_\_\_

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

Pertinent Information/Behavioral Reactions/Problems: \_\_\_\_\_  
\_\_\_\_\_

Has your child attended preschool or daycare previously? \_\_\_\_\_

Where and for how long? \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Does your child have friends that attend St. Andrews? \_\_\_\_\_ Whom? \_\_\_\_\_

What languages are spoken in your home (1<sup>st</sup>) \_\_\_\_\_ (2<sup>nd</sup>) \_\_\_\_\_

Is your child right or left handed? \_\_\_\_\_ What does your child enjoy doing? \_\_\_\_\_

Does your child have any special fears that we should be aware of? \_\_\_\_\_

Does your child have a speech problem? \_\_\_\_\_

What method of behavior control is used in your home? \_\_\_\_\_

What is your child's reaction? \_\_\_\_\_

How would you describe your child's personality? \_\_\_\_\_

Does your child have any dietary restrictions? \_\_\_\_\_

Health History:

Has your child had chicken pox? \_\_\_\_\_ At what age? \_\_\_\_\_

Has your child ever been diagnosed with asthma? \_\_\_\_\_

Does your child have frequent colds? \_\_\_\_\_ Ear infections? \_\_\_\_\_ Nosebleeds? \_\_\_\_\_

Stomach aches? \_\_\_\_\_ Strep throat? \_\_\_\_\_ Does your child run high fevers frequently? \_\_\_\_\_

Has your child had any serious accidents? \_\_\_\_\_ Explain: \_\_\_\_\_

Have you had your child's hearing tested? \_\_\_\_\_ Vision tested: \_\_\_\_\_ Remarks \_\_\_\_\_

How would you describe your child's health? \_\_\_\_\_

Is there anything else about your child that we should be aware of? \_\_\_\_\_

\_\_\_\_\_