

P-3 P-4 K-Prep

Student Profile

Child's Name Birthdate

Sex Age Ethnicity/Race Home Phone#

Home address City Zip

Name of Mother or Guardian Mom's Cell#

E-mail: Work Phone

Name of Father or Guardian Dad's Cell#

E-mail: Work Phone

Best way to reach you: Home Phone E-mail Text message Work Phone Other:

Marital Status of Parents Custody/Visiting Arrangements

If Child is adopted, list age of adoption Is Child aware of adoption?

Siblings: Name: Age: Attended FCP? Teachers

Name: Age: Attended FCP? Teachers

Name: Age: Attended FCP? Teachers

Is a language other than English spoken in your home? If yes, describe:

Does your child understand English? Does child speak English?

Can child be understood when he or she speaks? If no, explain:

Is child fully toilet trained? Describe words used for potty:

Does child nap? What is child's bed time? Wake up time?

Does child have any problems with vision or hearing? If so, explain

List any previous serious illness or accidents:

Do you have any concerns about any aspect of your child's development?

If yes, explain:

Are there any medical, physical, or emotional needs that we should be aware of? If yes, explain:

Does child have: Frequent colds? Ear Infections? Sore Throats? Stomach aches?

Does child have any allergies including food? If so, please list:

Does child have regular doctor checkups? Dentist?

Does child attend daycare/babysitter during school hours? If yes, who?

Has child ever been cared for by of someone besides family?

Has child had group play experiences? If so, describe:

Does child play well alone? In groups?

What method of discipline is used at home?

Does child accept correction easily?

Has child attended preschool before? If yes, describe:

What do you hope will be included in your child's preschool program?

Does your child have any special fears?

Please circle words that describe your child:

Happy Aggressive Friendly Moody Clumsy Dependent Stubborn Impulsive Fearful

Quiet Good-Natured Strong-Willed Attentive Shy Daydreams Sad Easy-Going Silly

Sympathetic High Energy Angry Fidgets Outgoing Even-Tempered Talkative Serious

Persons Authorized To Pick Up Your Child

PLEASE PRINT CLEARLY

Name _____ Relationship _____ Phone _____ Cell _____

Name _____ Relationship _____ Phone _____ Cell _____

Name _____ Relationship _____ Phone _____ Cell _____

Name _____ Relationship _____ Phone _____ Cell _____

Name _____ Relationship _____ Phone _____ Cell _____

I understand that if the name does not appear on this list, my child will not be released from Fairwood Christian Preschool, unless arrangements are made in advance by a parent or legal guardian.

Permanent changes to this list must be made in person. In the event of an emergency special arrangements may be made over the phone.

I understand that persons on this list may be contacted to pick up my child in case of emergency.

Parent Signature _____

Date _____

Medical Treatment & Activity Release 2012—2013

Child's Name: _____

Enrollment

I am the legal custodial parent or court appointed guardian of this child.
I agree to the following conditions during my child's enrollment.

Field Trips

I agree that my child may participate in field trips away from the school property with prior notification.
I give my permission for my child to participate fully in such activities.
I may withdraw my permission at any time by giving prior written notice to the school director.

Health Record

Date of last physical exam: _____ Physician's Name _____ Phone _____

Does child have any allergies? (Including medications) Yes ____ No ____

If yes please list: _____

Does child have a physical condition preventing him/her from participation in regularly scheduled activities at school or on field trips? Yes ____ No ____

If yes, please explain. _____

A release must be submitted by child's physician authorizing child to participate in such activities.

Medical Treatment Authorization

In the event of an accident or illness, I hereby authorize the director or staff of Fairwood Christian Preschool to secure necessary medical aid or treatment by the nearest physician or hospital.

I understand that I will be notified in the case of a medical emergency involving my child.

In the event that I cannot be reached, I authorize the FCP director or staff to make emergency medical decisions on behalf of my child, if required by law or a health care provider.

I hereby give permission to the physician selected by the FCP Director to hospitalize and secure proper treatment for my child as named above.

I understand that FCP will not be responsible for medical expenses incurred on the basis of this authorization.

I agree to notify FCP in the event of any health changes which would restrict my child's participation in any normal youth or children's activities.

A facsimile or photocopy of this form shall be as valid as the original.

Signatures of Parents or Guardians

Date

Consent and Certification

I, the undersigned, being the parent of legal guardian of the child named above (the "child"), do hereby consent to the participation of my child in all of the regularly scheduled activities and or field trips of FCP at Fairwood Church, of Renton, Washington. Further, I certify that my child is physically fit to participate in such events except as noted on the back of this form.

Signature of Parent or Guardian

Date

**A COPY OF CHILD'S IMMUNIZATION RECORD
Must be included with the completed profile.**