

Please complete the following information for our emergency records. Please print neatly.

Child Information

First Name: _____ Middle Name: _____ Last Name: _____
Name to Use: _____ Male Female Date of Birth: ____ / ____ / ____
Address: _____ City: _____ State: ____ Zip: _____

Guardian 1 Information

Relationship to Child: _____ First Name: _____ Last Name: _____
Address: _____ City: _____ State: ____ Zip: _____
Home Phone: ____ - ____ - ____ Work Phone: ____ - ____ - ____ Cellular ____ - ____ - ____
Email Address 1: _____ Email Address 2: _____
Occupation: _____ Place of Employment: _____

Guardian 2 Information

Relationship to Child: _____ First Name: _____ Last Name: _____
Address: _____ City: _____ State: ____ Zip: _____
Home Phone: ____ - ____ - ____ Work Phone: ____ - ____ - ____ Cellular ____ - ____ - ____
Email Address 1: _____ Email Address 2: _____
Occupation: _____ Place of Employment: _____

Emergency Contact 1 Information
(to be contacted if Guardian 1 & 2 are not available)

Relationship to Child: _____ First Name: _____ Last Name: _____
Home Phone: ____ - ____ - ____ Alternate ____ - ____ - ____ Additional Info: _____

Emergency Contact 2 Information
(to be contacted if Guardian 1 & 2 are not available)

Relationship to Child: _____ First Name: _____ Last Name: _____
Home Phone: ____ - ____ - ____ Alternate ____ - ____ - ____ Additional Info: _____

Other Adults in Home (Name, Age, Relationship to Child)

Other Children in Home

Name: _____ Date of Birth: ____ / ____ / ____ Relationship to Child: _____

Name: _____ Date of Birth: ____ / ____ / ____ Relationship to Child: _____

Name: _____ Date of Birth: ____ / ____ / ____ Relationship to Child: _____

Persons Authorized to Pick Up Student

Guardian 1, Guardian 2, Emergency Contact 1, Emergency Contact 2, and the following *additional* persons:

Name: _____ phone: ____ - ____ - ____ relationship to child: _____

Name: _____ phone: ____ - ____ - ____ relationship to child: _____

Persons NOT Authorized to Pick Up Student

(If your child has a court order limiting contact with an individual, we request a copy.)

Physician: Name: _____ Telephone: ____ - ____ - ____

Preferred Hospital: Name: _____ Telephone: ____ - ____ - ____

Allergies

(Please circle N/A on each line if your child does **not** have allergies.)

Food Allergies: _____ or N/A

Medicines Allergic to: _____ or N/A

Other Allergies: _____ or N/A

Other

Impairments or Concerns: _____ or N/A

IEP / Speech Therapy / Physical Therapy / Occupational Therapy or Other: _____

Medical History

Date of last Well Child exam: ____ / ____ / ____ Are immunizations up-to-date? (*necessary in order to enroll*)

Have you any reason to suspect hearing loss? _____ Other info: _____

Authorizations

- I give Wee Friends permission to post my child's name and allergy, if any, by the classroom door to ensure their health and safety.
- Child may be photographed or videotaped for public display such as in the news media, Wee Friends publications, website, Wee Friends Facebook page, etc. (no names will be used).

By signing below, you agree to allow Wee Friends Preschool to seek emergency medical treatment for your child, ***in the event that either a guardian or emergency contact cannot be reached.*** You allow Wee Friends Preschool to photograph and/or videotape your child for preschool activities, such as craft projects or a slide show for our end-of-year Spring Program and you have read of copy of Children's Outreach Ministries' privacy policy (available on our website under enrollment forms).

Parent/Guardian Signature: _____ Date: ____ / ____ / ____

Please notify the preschool director if ANY information on these forms change. Thank you!

Miscellaneous Information

Does your child regularly attend church and/or Sunday School? _____

If so, where? _____

Has your child had a previous group or preschool experience? _____

If so, where and when? _____

What are your child's favorite indoor play activities? _____

What are your child's favorite outdoor play activities? _____

What subjects does your child show special interest in or ask questions about? _____

In what kind of situation will your child need the most help? _____

Does your child have any fears or anxieties? _____

If so, please describe: _____

Please list below any additional information such as discipline, child's communication, comforting, etc.

The following page only needs to be completed if your child is enrolled in a pre-kindergarten class.

**Transfer of Student Records
from
Wee Friends Preschool**

Children's Outreach Ministries at
Mechanic Grove Church of the Brethren
1392 Robert Fulton Highway
Quarryville, PA 17566



Sharon Godfrey, Director
(717) 806-2161

I give permission for Wee Friends Preschool to send the preschool records of my child,

_____, to:
(list child's full name)

Solanco School District

(list elementary school child will attend, if known)

Other

(please specify school)

Parent Name: _____

Parent Signature: _____ Date: ___/___/___

Child's home address: _____
