

Page 1 Preschool ...The Creative Academy for 2, 3, 4 & 5 Year Olds!

Student Information Packet: complete all areas, sign, and return in order for your child's file to be completed.

Child's given name _____ Male Female

Birth date ____ / ____ / ____ Home phone # _____

Address _____

Town _____ Zip Code _____

Child resides with: _____

Parent Handbook Agreement

I have read and understand the information provided within the Page 1 Preschool Parent Handbook online at <http://www.page1preschool.com>. I agree to abide by the policies and information addressed within it including but not limited to: admissions, potty training, tuition policies and payment schedules, sick policies, health and medical information, discipline/behavior policies, door security procedures, arrivals and departures, parking, school closings, social media, photos, healthy snacks, allergies, fundraising and field trips.

Parent Signature _____ **Date** _____

Print Name _____

_____ **I give permission** _____ **I do not give permission** to have my email address distributed to my child's class.

Custody/Legal Alerts : Are there any **custody/legal alerts** the school needs to be aware of ?
If Yes, for the safety and welfare of your child, up to date legal documents are required to be on file in the school office at all times. Yes No

Contact List

If the school needs to contact someone in regards to your child, for any reason, list in order the names and phone #'s to be called including parents.

Name	Relation to child
1. _____	_____
Home # _____	Cell# _____
2. _____	_____
Home # _____	Cell# _____
3. _____	_____
Home # _____	Cell# _____
4. _____	_____
Home # _____	Cell# _____
5. _____	_____
Home # _____	Cell# _____

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Child's name: _____ Class Days/Time: _____

Choose a security password: _____

- If you call the school for information or a change in drivers etc, you will be asked to supply your password and/or birth date of your child for security purposes. You may only change your password in person at the school.

Please list all approved drivers to drop off and/or pick up your child from school.

- Your child **will not be released** to any driver that is **not on this list** without **proper written notification from the parent** or a phone call to the school.
- All drivers **including parents** must have available their **driver's license** for identification at **ALL times**.
- Approved drivers **DO NOT** need to know your password.
- Any drivers not on your approved driving list below will need both their license and password to pick up your child.

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

8. _____

9. _____

10. _____

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Child's name: _____ Class Days/Time: _____

1. Does your child have any **food allergies or restrictions**? Yes No
If Yes, explain in detail: _____

Does your child have any **other allergies**? Yes No **If Yes**, explain in detail:

- *An additional form **must be on file with the school office** if your child's allergy requires an epi-pen to be on site for emergency use. Contact the preschool office for forms and instructions.*

2. Does your child have any **physical limitations** that would prevent them from participating in any preschool activity indoors and outside? Yes No
If Yes, explain in detail: _____

3. Do you have any concerns regarding your child's speech or motor skills at this time?
Yes No **If Yes**, explain in detail: _____

- Can all family members understand your child's speech? Yes No
- Can non family members understand your child's speech? Yes No
- Does your child speak another language other than English? Yes No
 - **If Yes**, what language does your child speak? _____
 - Is this the child's primary language? Yes No

4. Has your child **previously or currently receive** any speech, occupational therapy, physical therapy, or special education itinerant teacher services? Yes No

If you answered Yes to question 4 above; please provide name(s) of service provider(s), day(s) of service, and where services are provided: Home or School

Speech Therapist name & days receiving services: _____

Occupational Therapist name & days receiving services: _____

Physical Therapist name & days receiving services: _____

Special Education Teacher name & days receiving services: _____

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Child's name: _____ Class Days/Time: _____

5. Was Page 1 Preschool recommended to you? Yes No
If Yes, by whom? _____

6. Please list all preschool or daycare programs your child **has attended** in the past:

- _____
- _____
- _____
- _____

7. Please list all preschools you **viewed or gathered information** about prior to choosing Page 1 Preschool:

8. Why did you choose Page 1 Preschool?

Program Quality Location Classrooms Teachers Cleanliness
Cost Recommendation Class size Other:

9. What is your child's typical response when left with someone other than a family member? _____

10. Would you like to volunteer in your child's classroom? Yes No

If Yes, what days are you available? M T W Th Fri (circle all that apply)

I am willing to help with: ___ Preparing classroom materials
 ___ Cleaning toys
 ___ Fundraising