

TODAY'S DATE: \_\_\_\_\_

# EMERGENCY CONFIDENTIAL STUDENT INFORMATION

## Wakefield Central Baptist Preschool

Child's Full Name: \_\_\_\_\_

Name Called By: \_\_\_\_\_ Birthdate: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Sex: M / F  
Month Day Birth Year

Mom's Name: \_\_\_\_\_ Mom's Cell/Work #'s: \_\_\_\_\_  
Cell Work

Dad's Name: \_\_\_\_\_ Dad's Cell/Works #'s: \_\_\_\_\_  
Cell Work

Home Phone #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ County of Residence: \_\_\_\_\_

Home Mailing Address: \_\_\_\_\_

\_\_\_\_\_

Zip Code

Email address: \_\_\_\_\_

### EMERGENCY CONTACTS - if unable to reach either parent:

<u>Name</u>	<u>Phone #'s – Home/Cell</u>	<u>Relationship to Child/Known as</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

### CARPOOL

Who will bring the child to preschool/relationship? \_\_\_\_\_

Who has permission to "check out" early, pick up, and/or transport your child FROM preschool?

\*Please send a written note or telephone us if you need someone else not listed to pick up your child.

<u>Name</u>	<u>Phone #'s – Home/Cell</u>	<u>Relationship to Child/Known as</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

### STUDENT'S FAMILY

<u>Brothers</u>	<u>Age</u>	<u>Sisters</u>	<u>Age</u>
_____	_____	_____	_____
_____	_____	_____	_____

PETS: \_\_\_\_\_

Another preschool experience? \_\_\_\_\_ Where/how Long? \_\_\_\_\_

Is your child potty-trained? Yes No Sort of: \_\_\_\_\_

Side 1 – Please complete both sides

Please list any information that might be helpful to us as we are for and teach your child: fears or concerns, things that comfort them; interests, likes, and dislikes; favorite books, toys.

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Physical Requirements: Children must be physically and emotionally capable of group interaction and activities. Children in the three- and four-year-old programs should be potty trained. Immunizations must be current, based on NC Health Requirements. We must have an official copy of your child's immunization record when class begins. Preschool reserves the right to dismiss a child for reasons resulting from a child's inability to adjust to group experiences, and for non-payment of fees

**MEDICAL**

**Child's Doctor:** \_\_\_\_\_ **Phone:** \_\_\_\_\_  
**Child's Dentist:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Allergies:** Any foods, medicines, grass or tree bark, insect bites or stings, etc.  
List what your child is allergic to, the type and degree of reaction, and the first course of treatment

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**Medical History:** premature birth, recurring illness, asthma, seizures, surgery, heart, etc.

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**Current health concerns/special medications? Any medications needed at preschool?**

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I give my permission for my home address and phone # to be shared with other preschool parents.  
Please circle and initial: Yes \_\_\_\_\_ No \_\_\_\_\_

Permission is granted to meet the needs of my child in a medical emergency to the best of the ability of the WCBC Preschool staff. Staff will contact rescue squad/poison control/doctor in cases of immediate need and will always make every effort to contact parents as quickly as possible. All medical services necessary would be at the family's expense unless covered by the preschool accident insurance. Preschool and workers are not liable for illness or injury occurring during, or as a result of, child's attendance, unless it can be proven that the illness or injury was the direct result of a worker's negligence. Your signature confirms your understanding of this policy and gives your permission for Preschool to handle above emergencies in your absence.

Print Name: \_\_\_\_\_ Relationship to Preschooler: \_\_\_\_\_  
Signature: \_\_\_\_\_ Today's Date: \_\_\_\_\_