



Parent Contact Information & Pick-Up Authorization Form

Child's Name: _____ Class: _____

Parent 1: _____

Home Address (only if different) _____

Occupation _____

Preferred Phone (circle): Cell/Work _____ Work Phone: _____

Cell Phone: _____ E-mail: _____

Parent 2: _____

Home Address (only if different) _____

Occupation _____

Preferred Phone (circle): Cell/Work _____ Work Phone: _____

Cell Phone: _____ E-mail: _____

Status of Parents: Married____ Separated____ Divorced ____ Widowed____ Other____

(If applicable) Additional Parent or Guardian Name: _____

Please list adults that will be authorized to pick-up and drop-off your child regularly.

We strongly suggest that those on the list below are also designated as emergency contacts on your enrollment form. We are not able to dismiss a child to an adult without express permission; if someone other than the person at drop off is picking up, we will ask families to make a note of it on a daily sign in sheet. (use back of page for add'l names if needed).

Name(s)	Phone Numbers	Scheduled Days (if weekly)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____





About Your Child Form

Please share details about your family and your child to help us support a positive transition and experience throughout the school year. If you need additional space, feel free to use the extra page provided at the end of the form.

Child's Name (& Nickname, if to use at school): _____

Class: _____ Date of Birth: _____

All other regular members of household (be sure to include caregivers and siblings):

Name	Sibling Date of Birth	Relationship to Child
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_____	_____	_____
_____	_____	_____
_____	_____	_____

1. Reason for enrolling your child in preschool:

2. How has COVID-19 impacted your family and your child?

3. Has your child attended other drop-off programs for preschool, enrichment or camp? If yes, please list the programs and share how they felt about the experience.



4. What are some of your child's favorite activities, toys or special interests?

5. What dislikes or fears does your child have, if any?

6. What special routines, if any, do you use with your child when he or she is having a difficult time, or when you are leaving? Does your child have a special teddy bear, blanket or other transitional object?

7. Is your child comfortable using the toilet? Have there been any successes or challenges in this area we should be aware of? Please share any details that can help us support their toilet learning best.

8. Does your child have a special way of asking for the bathroom?

9. Who are the important people in your child's life outside of the immediate family (close friends, cousins, caregivers, etc.)? Do you have pets?

10. Please share a bit about your child's history. At what age did your child:

Walk: _____

First Words: _____

Has anyone in your family ever been diagnosed with a learning or attention disorder?
If yes, please share diagnoses and relationship to child:

11. Has your child ever been evaluated or receive services for special needs?*

** If your child is receiving any services or therapies during the upcoming school year, families are required to complete an Individual Health Care Form (available online), as well as attach an IEP, if applicable.*

12. Does your child have any food allergies or sensitivities?*

**Any food allergies or sensitivities are required to also be noted on the Individual Health Care Form (available online).*

13. Is there anything else you think would be helpful or important for us to know about your child before the start of school?



Additional information, comments and/or concerns:

