



Child Information

Child's Name _____ Date _____

Current Age _____ Date of birth _____ Gender _____

Mother's name _____ Cell Phone _____

Email: _____

Address _____ Work Phone _____

City & Zip _____ Employer _____

Father's name _____ Cell Phone _____

Email: _____

Address _____ Work Phone _____

City & Zip _____ Employer _____

How did you hear of our school ? _____

What do you want your child to gain from this experience? _____

Is there any unusual feature in your child's home or history that would be useful in helping us understand or communicate with him or her?

Does anything about your child's actions cause you concern ? _____

If your child has attended other schools or programs briefly describe his or her experiences.

Health Information

Is general health good ? _____

Height _____ Weight _____ Is child toilet trained ? _____

Last physical examination was on _____

Last dental examination was on _____

Health Concerns that might limit your child's full participation in school activities:

Surgery, past illnesses or special problems _____

Allergies (bee, food, pollen, medicine) _____

Health conditions (heart, asthma, diabetes, seizures) _____

Any Current Daily Medications ? _____

Other (delayed speech development, unusual social responses, sensory integration delays, etc.) _____

Emergency Medical Care Authorization

Family Physician _____ Phone _____

Address _____

Insurance Company _____ Grp. Policy _____

Family Dentist/Address _____ Phone _____

To whom it may concern: This is to certify that the bearer of this form has the permission of the undersigned to authorize emergency medical care by the attending physician, or others he may choose, in case of accidental injury, ingestion or illness. The undersigned accepts all financial responsibility for treatment and services. We understand that all efforts will be made to contact us by the school officials before such treatment is made. I hereby give permission for my child to be transported by ambulance or aid car to an emergency center for treatment.

Date

Parent or Legal Guardian's Signature

*Updates need to be reported to the office. It is important that we are aware of any health or medication changes during the year. Please remember to also inform us of any changes to emergency phone #'s. Office phone: 360.794.4622