



## Wonder World Preschool

Child's name: \_\_\_\_\_

Age: \_\_\_\_\_ Birth date: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Class you wish to enroll in: \_\_\_\_\_

*This information will help give me insight into your child's needs and interests. Answering these questions will help to make a smooth transition into our program.*

Has your child attended a preschool or daycare? What was the name of the program?

How did your child adjust? \_\_\_\_\_

\_\_\_\_\_

My child's favorite activities are: \_\_\_\_\_

\_\_\_\_\_

My child does not like: \_\_\_\_\_

\_\_\_\_\_

My child is fearful of: \_\_\_\_\_

\_\_\_\_\_

What I expect for my child from school: \_\_\_\_\_

\_\_\_\_\_

Concerns I have about school: \_\_\_\_\_

\_\_\_\_\_

Special Needs my child has: \_\_\_\_\_

\_\_\_\_\_

Concerns I have regarding parenting, behavior management, and at home difficulties:

\_\_\_\_\_

\_\_\_\_\_

Insights on discipline methods used at home that may make the transition to school easier: \_\_\_\_\_

\_\_\_\_\_

Student's Home Address:

\_\_\_\_\_

Student's Mailing Address:

\_\_\_\_\_

Name and age of siblings: \_\_\_\_\_

\_\_\_\_\_

Other schools siblings attend: \_\_\_\_\_

Student lives with: Mother \_\_\_ Father \_\_\_ Both \_\_\_ Other \_\_\_\_\_

**Mother's Name:** \_\_\_\_\_

Home#: \_\_\_\_\_ Work#: \_\_\_\_\_ Cell# \_\_\_\_\_

Mother's home address:

\_\_\_\_\_

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

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

**Father's Name:** \_\_\_\_\_

Home#: \_\_\_\_\_ Work# \_\_\_\_\_ Cell# \_\_\_\_\_

Father's home address:

\_\_\_\_\_

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

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

**Primary Care Physician's Name:** \_\_\_\_\_

Phone Number: \_\_\_\_\_

Physician's address:

\_\_\_\_\_

**Local Emergency Contact (Not yourself):**

\_\_\_\_\_

Home#: \_\_\_\_\_ Work#: \_\_\_\_\_ Cell# \_\_\_\_\_

Relationship to child: \_\_\_\_\_

### **First Aid/Safety**

\* May the school, administer First Aid? Every effort will be made to reach the above persons, but incase no one can be reached, may the person in charge of the student use his/her discretion in securing medical aid? It is understood that this person will not be held liable in any way for what occurs, or for any of the expenses incurred.

Yes \_\_\_\_\_ No \_\_\_\_\_

\*Please list any known allergies and drug reactions, medications, special diets, surgeries, illnesses, medical or chronic conditions. \_\_\_\_\_

\_\_\_\_\_

**Does your child have any of the following?**

\*Allergies Yes \_\_\_\_\_ No \_\_\_\_\_

\*To drugs, food, insects, pollen? Please list:

\_\_\_\_\_

Has the allergy required emergency action in the past? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, was an Epinephrine pen prescribed? Yes \_\_\_\_\_ No \_\_\_\_\_

Do we have permission to administer the Epinephrine Pen? Yes \_\_\_\_\_ No \_\_\_\_\_

\*Bee Sting? Yes \_\_\_\_\_ No \_\_\_\_\_

Describe reactions:

\_\_\_\_\_\*

\*Asthma? Yes \_\_\_\_\_ No \_\_\_\_\_ Triggered by? \_\_\_\_\_

Medication or treatment \_\_\_\_\_

Does student know how to use own medication? Yes \_\_\_\_\_ No \_\_\_\_\_

Do we have permission to help administer medication? Yes \_\_\_\_\_ No \_\_\_\_\_

\*Chicken Pox? Yes \_\_\_\_\_ No \_\_\_\_\_ Date of contraction: \_\_\_\_\_

**Communications**

\*May we include your child's photo in online postings or on the school website?

Yes \_\_\_\_\_ No \_\_\_\_\_

**\*Who, other than parents, has permission to pick up your child?** Relationship to the child? (They will need to provide photo identification).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_