

ST. JOSEPH'S SCHOOL
Preschool Student Emergency Form

_____ **Preschool 3**
_____ **Preschool 4**
_____ **Pre-K**

Child's Full Name _____ Birth Date _____

Parents' Name _____ / _____
Mother Father

Address _____ Phone _____

Parent Email: _____

Child lives with: Mother _____ Father _____ Both _____ Religion _____

Father's Place of Employment _____

Business Phone _____ Cell Phone _____

Mother's Place of Employment _____

Business Phone _____ Cell Phone _____

Name of Person, other than parent, to whom child can be released:

_____ Relationship _____

Names of persons who may be called in emergency:

(1) _____ Relationship _____ Phone _____

(2) _____ Relationship _____ Phone _____

Child's Physician _____ Phone _____

Is child presently under treatment by physician? _____

For what condition? _____

Is child on any medication regularly? _____

Name of medication _____

Does this child have allergies? _____ To what? _____

In the event of emergency, and you are unable to be reached, do you authorize school authorities to procure emergency aid for you child at your expense? Yes _____ No _____

Other directives for emergency care: _____

Signature of Parent or Guardian

Date
(Continued on Back)

Child's name _____ **Circle Class:** P/3 P/4 Pre-K

Mode of travel to and from school: Walks with _____

Rides with _____

Previous group and/or preschool experience: _____

Names and ages of other children in family: _____

Favorite Play Activities: _____

Generally plays: Alone _____ With one other child _____ With several _____

Toileting: Never has accidents _____ Has occasional accident _____

Asks to go bathroom _____ Does not ask _____

Request word (s) _____

Hand preference: Uses right hand _____ Uses left hand _____ Both _____

Comments: _____

Speech is: Very clear _____ Understandable _____ Unclear _____

Eye color is: _____ Likes to be called: _____

Any special needs or problems school should be aware of? _____

What do you hope your child will gain from this preschool experience? _____

Best time to call us at home: _____