

# St. Mark Lutheran Preschool Registration

(Please fully complete)

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

Name child responds to: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex: M \_\_\_\_\_ F \_\_\_\_\_ Baptized Yes No

Child's home address: \_\_\_\_\_

Child lives with: \_\_\_\_\_

## Parent or Guardian Information

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

Father's home address: \_\_\_\_\_

Father's phone contacts: home- ( )-\_\_\_\_-\_\_\_\_ work- ( )-\_\_\_\_-\_\_\_\_ cell- ( )-\_\_\_\_-\_\_\_\_

Father's occupation and place of employment: \_\_\_\_\_

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

Mother's home address: \_\_\_\_\_

Mother's phone contacts: home- ( )-\_\_\_\_-\_\_\_\_ work- ( )-\_\_\_\_-\_\_\_\_ cell- ( )-\_\_\_\_-\_\_\_\_

Mother's occupation and place of employment: \_\_\_\_\_

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

Parent's marital status: \_\_\_\_\_

Child is in legal custody of: \_\_\_\_\_

Which days will your child attend school? \_\_\_\_\_

Will your child be part of our Before School Program? \_\_\_\_\_

If so, what time do you expect to bring him/her to school each day? \_\_\_\_\_

Will your child be part of our After-School Program? \_\_\_\_\_

If so, what time do you expect to pick up your child each day? \_\_\_\_\_

Who will usually be dropping off your child at school? \_\_\_\_\_

Who will usually be picking up your child from school? \_\_\_\_\_

## Family Information

Please list your child's brothers and sisters and their ages:

Name: _____	D.O.B: _____	Age: _____	Baptized? Yes	No
Name: _____	D.O.B: _____	Age: _____	Baptized? Yes	No
Name: _____	D.O.B: _____	Age: _____	Baptized? Yes	No
Name: _____	D.O.B: _____	Age: _____	Baptized? Yes	No

Please list any other persons living with your child and their relationship to your child: \_\_\_\_\_

## Health Information

If your child has any allergies, please give details and how they are treated: \_\_\_\_\_

Are there any medical problems or health concerns of which we should be made aware? \_\_\_\_\_

If your child has had any serious illnesses or accidents, please give details: \_\_\_\_\_

Does your child have frequent colds? \_\_\_\_\_

Does your child have frequent ear infections? \_\_\_\_\_

Does your child vomit easily? \_\_\_\_\_

Is your child using a prescribed medication on a regular basis? \_\_\_\_\_

If yes, what is the medication? \_\_\_\_\_

## Personal History

Is your child right or left handed? \_\_\_\_\_

Has your child had a previous group or preschool experience? \_\_\_\_\_

Has your child ever been removed from a school for behavior issues? \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

At what age was your child fully potty trained? \_\_\_\_\_

What are some of your child's favorite activities? \_\_\_\_\_

Does your child have any fears? \_\_\_\_\_

Does your child have any problems that we should be aware of? \_\_\_\_\_

How would you describe your child's personality? \_\_\_\_\_

What is your child's concept of God? \_\_\_\_\_

What best motivates your child? \_\_\_\_\_

Any additional information you would like to share about your child? \_\_\_\_\_

**Goals for your child this year (What would you like your child to get out of his/her preschool experience?)**

Academic: \_\_\_\_\_

Spiritual: \_\_\_\_\_

Social: \_\_\_\_\_

Physical: \_\_\_\_\_

**I do/ do not (circle one) give permission for my child to be photographed at school for the purpose of sharing those photographs.**

**Parent Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

# St. Mark Lutheran Preschool

## Parent Volunteer Questionnaire

St Mark Preschool teachers encourage all parents to be involved in their child's education. Please complete and return with your paperwork at the Ice Cream Social. Thank you for your help and support. We are looking forward to a wonderful year of love and learning!

Student Name: \_\_\_\_\_

Parents' Names: \_\_\_\_\_

**Please circle YES or NO to the following questions.**

**Please do not leave blank.**

- Would you be willing to help during "messy days" or with special projects at school?  
YES      NO
- Would you be willing to help prepare materials or projects at home? Example: cutting out patterns or making play dough.      YES      NO
- Would you be willing to help with classroom parties or special events?  
YES      NO
- Do you have special skills or hobbies that you would be willing to share with the school such as woodworking or ceramics?      YES      NO
- Please explain your gifts: \_\_\_\_\_
- Do you have, or does a member of your family have, a vocation suitable for sharing during our community helper unit such as a fireman, nurse or a cook?  
YES      NO

What vocation? \_\_\_\_\_

- Have you ever been to another country or have a cultural background that you would be willing to share with the students?      YES      NO
- Please list any other way that you would willing to help. \_\_\_\_\_  
\_\_\_\_\_

**ADHS**

LICENSING

CDC/SGH# or name: \_\_\_\_\_

**Arizona Department of Health Services  
Bureau of Child Care Licensing  
Emergency, Information and Immunization Record Card**

<b>Child's Name:</b>	<b>Date Enrolled:</b>	<b>Updated:</b>
<b>Home Address (#, Street, City, State, Zip Code):</b>		<b>Date Disenrolled:</b>
<b>Home Phone:</b>	<b>Date of Birth:</b>	<b>Sex:</b> <input type="checkbox"/> male <input type="checkbox"/> female

<b>Parent or Guardian Name:</b>	<b>Home Address (#, Street, City, State, Zip Code):</b>
<b>Cell Phone (optional):</b>	<b>Contact Telephone Number:</b>

<b>Parent or Guardian Name:</b>	<b>Home Address (#, Street, City, State, Zip Code):</b>
<b>Cell Phone (optional):</b>	<b>Contact Telephone Number:</b>

**I authorize the following individuals to collect my child from the facility in case of emergency or if I cannot be contacted:  
(Pursuant to R9-5-304.B, at least two contact persons are required.)**

<b>Name:</b>	<b>Contact Telephone Number:</b>
<b>Name:</b>	<b>Contact Telephone Number:</b>
<b>Name:</b>	<b>Contact Telephone Number:</b>
<b>Name:</b>	<b>Contact Telephone Number:</b>

**If Medical care is necessary, call:**

<b>Health Care Provider*</b>	<b>Name:</b>	<b>Contact Telephone Number:</b>
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**\* A Health Care Provider is a physician, physician assistant or registered nurse practitioner.**

**I hereby give authority to any hospital or doctor to render immediate aid as might be required at the time for his/her health and safety.**

<b>In case of injury or sudden illness, I request that this individual be called first:</b>	
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**The following individual(s) may NOT remove my child from the facility:**

<b>Name(s):</b>
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Custody papers have been provided and are on file at the facility.    ☐ yes    ☐ no

Telephone Authorization Code (optional): \_\_\_\_\_

### **Immunization Information**

(A licensee shall attach an enrolled child's written immunization record or exemption affidavit to the enrolled child's Emergency, Information and Immunization Record card.)

For information regarding current immunization requirements go to:

[www.azdhs.gov/phs/immun/index.htm](http://www.azdhs.gov/phs/immun/index.htm) or contact the Arizona Immunization Program Office at (602)364-3630.

One of these items must accompany the EIIR card at all times:

<input type="checkbox"/>	Copy of current official documented immunization record attached
<input type="checkbox"/>	Religious Beliefs exemption form signed by parent/guardian attached
<input type="checkbox"/>	Medical Exemption form signed by physician and parent/guardian attached
<input type="checkbox"/>	Signed Laboratory Proof of Immunity form attached

Notification of immunizations needed sent to Parent(s) or Guardian(s):	mo /day/ yr	mo /day/ yr	mo /day/yr
Updated immunizations received and attached:	mo /day/ yr	mo /day/ yr	mo /day /yr

### **Medical Information**

Is child allergic to food or other substances? ☐ No ☐ Yes

If yes, describe symptoms, name foods or substances to be avoided, and the procedure to follow if reaction occurs:

Is child usually susceptible to infections and if so, what precautions need to be taken? ☐ No ☐ Yes

If yes, list precautions:

Is child subject to convulsions and what should be our procedure if one occurs? ☐ No ☐ Yes

If yes, specify procedure:

Is there any physical condition that we should be aware of and what precautions should be taken (heart trouble, foot problem, hearing impairment, hernia, etc.)? ☐ No ☐ Yes

If yes, list precautions:

Additional comments:

Other special instructions:

This Emergency Information and Immunization Record Card is accurate and complete, front and back, and was provided by:

Parent/Guardian PRINTED Name:	SIGNED Name:	DATE:

**ABOUT ME QUESTIONNAIRE**

*This confidential questionnaire is to help your child care provider support the growth and development of your child while creating a safe, stable and healthy environment for all children. By providing complete information about your child, you will be assisting us in creating a positive experience for your child while in child care. Confidentiality is a vital component in the child care setting. Therefore, this questionnaire is only allowed to be shared with the child care director and/or owner, and the child's primary teacher, unless pre-approved by the parent/guardian.*

**Instructions:** This questionnaire is to be completed by a parent/guardian and must be on file at the child care facility on or before a child's first day of attendance. Additionally, this questionnaire should be updated when there are significant changes in the child's care and/or annually. A copy should be shared with the child's teacher to support the care of your child. If additional space is needed, attach a separate sheet of paper.

**Child's Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Parent/Guardian completing this form:** \_\_\_\_\_

**What is your preferred method of communication? (Email/Phone/Text)** \_\_\_\_\_

**Provider/Center Name:** \_\_\_\_\_

**Has your child attended child care in the past?** ☐ Yes ☐ No

If yes, what type of setting(s) was your child in? (Family child care, group care, etc.) \_\_\_\_\_

**What did you like most about your child's previous child care setting?**

\_\_\_\_\_  
**What did you like the least?**

\_\_\_\_\_  
**What is important to you about your child's care?**

\_\_\_\_\_  
**Who is important to your child?**

\_\_\_\_\_  
**Does your child prefer to play alone or with other children?** ☐ Alone ☐ Other Children

**Does your child have a favorite toy or comfort object?** ☐ Yes ☐ No

If yes, what? \_\_\_\_\_

**What is your child's current sleep schedule?**

\_\_\_\_\_  
**Does your child fall asleep easily?** ☐ Yes ☐ No

**What is his/her mood upon awakening?**

\_\_\_\_\_  
**What does your child like?**

\_\_\_\_\_  
**What does your child dislike?**

\_\_\_\_\_  
**Special things you say or do to comfort your child are:**

**How do you know when your child is:**

Happy: \_\_\_\_\_

Sad: \_\_\_\_\_

Mad: \_\_\_\_\_

Tired: \_\_\_\_\_

Other: \_\_\_\_\_

**How does your child react when:**

Something unexpected happens: \_\_\_\_\_

Something happens he/she doesn't like: \_\_\_\_\_

He/She is scared: \_\_\_\_\_

Other: \_\_\_\_\_

**Does your child have any health issues?** ☐ Yes ☐ No

If yes, please explain: \_\_\_\_\_

**Has anything happened recently in your child's life that might have an effect on him/her?** ☐ Yes ☐ No*Events at home often influence a child's behavior, for example: changes in the family, such as a new sibling, separation or divorce, or moving to a new home. Knowing about these transitional times will allow us to provide special attention, understanding, and care that your child needs.*

If yes, please explain: \_\_\_\_\_

**Is there anything else you would like to share about your child that you feel would help us create a positive environment and relationship with your child?****Is your child in Foster Care?** ☐ Yes ☐ No

If yes, please list the Case Manager's Name and Contact Information: \_\_\_\_\_

\_\_\_\_\_  
(Initial) Parent/Guardian declines to complete this Questionnaire.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_





## St. Mark Lutheran Preschool School Supply List

**Please provide the following items:**

Backpack/bag with child's name

Reusable water bottle for your child  
to use at school

At least 1 set of clothes including  
socks and underwear (if applicable) in  
a Ziploc with child's name

Various photos of child, friends,  
family, pets and trips

**If you are able, these items are  
greatly appreciated:**

Box of Band Aids

Box of Latex free gloves

Refill bottle of hand soap

Stickers, example: cars, hearts, stars,  
animals, holiday (No super heroes,  
princesses please)

Baby Wipes  
Disinfectant wipes  
Kleenex tissues

Thank you so much for your generosity with our school supplies. Many of these items are on sale right now, so we like to stock up for the year. Please see the reverse side to see our school donation list for items we use every day.

*Students will be provided the necessary supplies if parents are unable to provide them.*