



2011-2012

Student Information

Child's Name _____ Birth Date _____

Primary Address _____

Home Phone _____

Parent #1

Parent #2

Name _____

Name _____

Employer _____

Employer _____

Work Address _____

Work Address _____

Work Phone _____

Work Phone _____

Cell Phone _____

Cell Phone _____

Email Address _____

Email Address _____

- Please circle the **primary contact number(s)** for this child
- Please circle the **primary e-mail address(es)** for this child
- *All contact information provided above may be used in the all-school directory, unless you request otherwise*

Your child lives with: Both parents Parent 1 Parent 2

EMERGENCY CONTACT WHEN PARENTS ARE UNAVAILABLE

Name _____ Phone # _____

Address _____

LOCAL EMERGENCY CONTACT WHEN PARENTS ARE UNAVAILABLE

Name _____ Phone # _____

Address _____

OTHER PERSONS TO WHOM CHILD CAN BE RELEASED

#1 _____ #3 _____

#2 _____ #4 _____

PERSONS TO WHOM CHILD SHOULD NOT BE RELEASED

#1 _____ #2 _____

CHILD'S MEDICAL INFORMATION

Diagnosed Allergy	Allergy or Dietary Restriction? (choose one)	Date discovered	Reaction	Steps teachers should take	Severity 1 - 10 (10 being most severe)

It is imperative for us to know what medications your child takes at home and what medications might be taken at school. All medication to be administered at school must be approved by director and be accompanied by the appropriate paperwork.

Medication	Reason / Condition

Physician _____ Phone _____ Address _____

Dentist _____ Phone _____ Address _____

Hospital preferred for emergency treatment _____

Health Insurance Company _____ Policy # _____

- It is understood that a conscientious effort will be made to locate me before emergency action will be taken, but if I cannot be reached the expenses of emergency medical treatment will be accepted by me. I hereby give permission to the Boulder JCC Preschool to arrange transportation by ambulance and secure emergency medical treatment for _____ (child's name). _____ (Initial).
- I understand that there are inherent risks involved in the variety of activities my child will participate in during this program. I state that my child is in the proper mental, physical and emotional condition to participate in this program, and I waive my right to any and all claims that I may have against the Boulder Jewish Community Center, it's staff and representatives for any injuries or accident a child may suffer as a result of his/her participation therein. _____ (Initial)

Has your child ever been seriously ill? Yes No
 (If yes, please explain; use a separate sheet of paper if necessary)

Has your child ever had a serious accident? Yes No
 (If yes, please explain; use a separate sheet of paper if necessary)

Developmental Information

What experiences has your child had away from parents?

What experiences has your child had with other children?

Has your child ever seen a specialist (PT / OT / ST / etc.)? Yes No
(If yes, please explain; use a separate sheet of paper if necessary)

Does your child have any handicaps or learning disabilities? Yes No
(If yes, please explain; use a separate sheet of paper if necessary)

At what age did your child walk? _____ At what age did your child talk? _____

Is your child toilet trained? Yes No At what age? _____

Describe any other information or concerns that will help us to know and understand your child more fully, such as play, eating, sleeping habits, fears, likes, and dislikes. Please include: (1) How your child deals with conflict, and (2) How we can best comfort your child when he/she is upset.

What are your goals for your child in preschool?

I give permission for my child to take walking field trips away from the JCC premises when accompanied by a responsible adult. _____ (Initial)

Boulder JCC Preschool staff reserves the right to photograph and/or video tape participants in the Boulder JCC Preschool. All photos and/or video tapes will remain the property of the Boulder JCC and may be used for publicity and promotional purposes. If you do not wish to have your child photographed or video taped, please let the office know and initial. _____

Signature of Parent or Guardian

Date

OFFICE USE ONLY

Date received _____ Received by _____ Donor Perfect _____