SUNNY HILL PRESCHOOL

(Please complete both sides)

Child's name_____Birth date_____

Address_____Zip_____Home phone_____

Parent/Guardian_____Work phone_____ Occupation_____
Cell phone_____ /Place of employment
Email address_____

Parent/Guardian_____Work phone_____ Occupation_____
Cell phone_____ /Place of employment
Email address_____

Do you have special talents or interests you would like to share with the children at Sunny Hill? Please explain

Child's physician_____ Address_____ Phone_____

Emergency Hospital Preference_____ Phone_____

Child's Dentist_____ Address_____ Phone_____

Give instructions on how parents can be reached in an emergency and list **2** persons other than parents to be called if parents can not be reached at above numbers. These 2 persons are also authorized to pick up your child from school if necessary.
(List name, address, phone number and relationship. Update list if it changes during the year)

Name Address Phone Relationship

1.

2.

List other children in the family and their birth dates:

Does your child have any known Allergies? (food, animals, environment) We must have knowledge of all allergies before your child begins school. If they have a known allergy, an Individual Child Care Plan(ICCP) must be filled out. See office for form.

Tell us something special about your child.

(OVER)

Child's name_____ Nickname_____

(Please complete both sides)

Is there other information about social, emotional, physical or cultural needs that we should know about your child?

Please explain if your family is in the process of any kind of change at home.

How did you hear about Sunny Hill?

We chose Sunny Hill because:

Approximate date of your first parent orientation or visit to Sunny Hill_____

<u>Permission to take part in school activities and to receive emergency medical care.</u>

- I hereby grant permission for my child to use all the play equipment and participate in all of the activities of the school (unless otherwise notified.)
- I hereby grant permission for my child to leave the school premises under the supervision of a staff member for neighborhood walks or field trips in authorized vehicles.
- Sunny Hill staff has permission to apply sunscreen and/or insect repellent that I provide for my child, products will be labeled with my child's name.
- Sunny Hill staff has my permission to use diapering products I provide on my child. All products will be labeled with my child's name.
- I hereby grant permission for my child's image to be included in evaluations and pictures connected with the school program for advertising and/or on our website.
- I hereby grant permission for staff members to take whatever steps may be necessary to obtain emergency medical care if warranted. These steps may include, but not be limited to the following:
    1. Attempt to contact a parent or guardian
    2. Attempt to contract a child's physician.
    3. Attempt to contact parents through the persons listed above.
    4. If parents or child's physician can not be contracted, we will do any or all of the following:
        a. call a physician at Stillwater Medical Clinic
        b. have a staff member take the child to Lakeview Hospital emergency room.
        c. Call 911.
- I hereby grant permission for ipecac syrup to be administered if necessary according to the instructions of the poison control center.

Signed_____ Date_____

(Parent or legal guardian)

If any of this information changes during the year, please notify us.