



WESTWOOD

# preschool

## 2022-2023 Child Information Summary

Child's first and last name \_\_\_\_\_ M/ F Birthdate \_\_\_\_\_

Preferred name/nickname to be used at preschool and on all printed materials \_\_\_\_\_

Home Address \_\_\_\_\_

City

Zip Code

**Mother's Name/Legal Guardian:**  
 \_\_\_\_\_  
 Email \_\_\_\_\_  
 Employer/Occupation \_\_\_\_\_  
 Home Phone \_\_\_\_\_  
 Work \_\_\_\_\_  
 Cell \_\_\_\_\_  
 Address (if not the same as child's)  
 \_\_\_\_\_  
 \_\_\_\_\_  
 City Zip Code

**Father's Name/Legal Guardian:**  
 \_\_\_\_\_  
 Email \_\_\_\_\_  
 Employer/Occupation \_\_\_\_\_  
 Home Phone \_\_\_\_\_  
 Work \_\_\_\_\_  
 Cell \_\_\_\_\_  
 Address (if not the same as child's)  
 \_\_\_\_\_  
 \_\_\_\_\_  
 City Zip Code

Best way to contact parent *while child is in preschool* \_\_\_\_\_

**Local alternate emergency contact and pick-up information. (Two contacts other than parents required. Include carpool.)**

1. \_\_\_\_\_  
Name Preferred phone # (circle one) Home Cell Work

Full address required Relationship to child  
 Emergency contact  
 Authorized to pick up my child from preschool

2. \_\_\_\_\_  
Name Preferred phone # (circle one) Home Cell Work

Full address required Relationship to child  
 Emergency contact  
 Authorized to pick up my child from preschool

**Medical Information.** (Used only in case of emergency and unable to reach parents.)

Name of Primary Doctor (required) \_\_\_\_\_ Clinic \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Name of Primary Dentist (required) \_\_\_\_\_ Clinic \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Please list any dietary or medical needs your child has \_\_\_\_\_

Please list any allergies and please note: a signed *ICCP* must be completed and signed by medical professional for ALL allergies listed here: \_\_\_\_\_

- Please check here to indicate follow-up needed for allergy and/or medical issues that would require epi pen or medications maintained on site. If checked, additional forms are required:  
#1 *Individual Child Care Program Plan Child with Severe Allergies/Allergy (ICCP)* - (completed and signed by medical professional)  
#2 *Prescription Medication Authorization/Administration Form* (completed and signed by medical professional)  
#3 *Non-Prescription Medication Authorization/Administration Form* (only parent signature required)  
Forms are available on the preschool website or can be emailed upon request.

**Authorizations:** Please circle the appropriate response to each question.

1. I do / do not authorize family contact information to be shared with fellow participants in the form of class lists which includes the names of the child and parents, one phone number and one email address.
3. I do / do not authorize my child to be photographed while participating in preschool. Children will not be identified individually. Images may be shared with other preschool participants, on the preschool website, slide shows for families, in church publications or Westwood's Facebook page.
4. I do authorize the preschool director or designee to act on my behalf in the event of an imminent medical / dental emergency *in the event parents are not able to be reached* (permission is required.)
5. I do understand that my child's file will be kept confidential but is available to administrators, teaching staff and regulatory authorities.
6. I do agree to read or have read the Westwood Preschool Handbook. I understand the Handbook is available online at [www.westwoodpreschool.org](http://www.westwoodpreschool.org) or a copy is available in the Preschool office.

**Child is registered for the following program:** (please check appropriate box)

**2 Day Program:** M/W \$160

9:00 – 11:30 a.m.

12:30 – 3:00 p.m.

**3 Day Program:** M/W/F \$220

9:00 – 11:30 a.m.

12:30 – 3:00 p.m.

**Full 3 Day Program:** M/W/F \$470

9:00 – 3:00 p.m.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_



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**Please help the classroom staff get to know your child by answering the following questions. Thank you!**

Child's first and last name \_\_\_\_\_ Birthdate \_\_\_\_\_

Preferred name/nickname to be used at preschool and on all printed materials \_\_\_\_\_

What Kindergarten program will he/she be attending? \_\_\_\_\_

What is the anticipated kindergarten start date? \_\_\_\_\_

Primary language spoken at home \_\_\_\_\_

**Siblings**

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

Age: \_\_\_\_\_

Brother / Sister

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

Age: \_\_\_\_\_

Brother / Sister

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

Age: \_\_\_\_\_

Brother / Sister

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

Age: \_\_\_\_\_

Brother / Sister

List any additional activities in which your child participates, ie: Sunday School, daycare, sports or music activities, BSF / MOPS, previous preschool experience, etc. \_\_\_\_\_

How does your child best work through conflict? How is your child best comforted when they are sad, lonely, scared, etc.?

Does your child have any fears that we should be aware of? How do they cope? \_\_\_\_\_

What are your child's favorite books? \_\_\_\_\_

Share information to help us get to know your child: i.e. disposition, favorite activities/ interests, toileting specifics, etc.

Please add any additional information you feel will be helpful about your child & family: