



WESTWOOD

preschool

2023-2024 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 _____
 Occupation _____
 Cell _____
 Home _____
 Work _____
 Address (if not the same as child's)

 City _____ Zip Code _____

Father's Name/Legal Guardian:

 Email _____
 Occupation _____
 Cell _____
 Home _____
 Work _____
 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 *ICCPP* 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 (ICCPP)* - (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.
2. 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 and slide shows for families.
3. I do / do not authorize my child's photograph to be used on Westwood Preschool or Westwood Community Church's social media sites.
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 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 | 3 Day Program: M/W/Th \$220 | 4 Day Program: M/T/W/Th \$270 | Full 3 Day Program: M/W/Th \$470 |
| <input type="checkbox"/> 9:00 – 11:30 a.m. | <input type="checkbox"/> 9:00 – 11:30 a.m. | <input type="checkbox"/> 9:00 – 11:30 a.m. | <input type="checkbox"/> 9:00 – 3:00 p.m. |
| <input type="checkbox"/> 12:30 – 3:00 p.m. | <input type="checkbox"/> 12:30 – 3:00 p.m. | | |

Parent Signature _____ **Date** _____



WESTWOOD
preschool

2023-2024

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 is the anticipated kindergarten start date? _____

Primary language spoken at home _____

Siblings	Attended WPS?	
Name: _____	Yes/No	Age: _____
Name: _____	Yes/No	Age: _____
Name: _____	Yes/No	Age: _____
Name: _____	Yes/No	Age: _____

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? _____

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:

Is your child receiving services such as PT, OT, Speech, etc.? Please specify _____
