

## Saint Bridget Preschool Student Information Form

Please enter today's date. All information will be considered valid as of this date: \_\_\_\_\_

Parent #1 Name: \_\_\_\_\_

Parent #1 Email: \_\_\_\_\_

Parent #1 Cell Phone Number: \_\_\_\_\_

Parent #1 Work Phone Number: \_\_\_\_\_

Parent #1 Home Phone Number: \_\_\_\_\_

Parent #2 Name: \_\_\_\_\_

Parent #2 Email: \_\_\_\_\_

Parent #2 Cell Phone Number: \_\_\_\_\_

Parent #2 Work Phone Number: \_\_\_\_\_

Primary Mailing Address: \_\_\_\_\_

### Authorization to Pick Up and Emergency Contacts

If we cannot reach you in the event of emergency or illness, please list local adults we may contact (such as grandparents, friends, or nannies. (No need to list yourself.)

Contact #1 Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Contact #1 Phone Number: \_\_\_\_\_

Contact #2 Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Contact #2 Phone Number: \_\_\_\_\_

Contact #3 Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Contact #3 Phone Number: \_\_\_\_\_

I give my permission for the above persons to pick up my child from school.

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

### Preschool Directory

We will publish a preschool directory to be given out to each family in the school. The purpose of this directory is to give parents needed information to arrange playdates, send birthday invitations, etc.. This information is NOT to be used for any commercial solicitations. We will publish name, address, phone and primary email address unless you specifically request that information should be withheld.

### Emergency Treatment Permission

I hereby give permission for Saint Bridget Preschool staff to authorize emergency medical treatment for my child. I assume the responsibility for payment of any such treatment. Further, I release the preschool staff and Saint Bridget Catholic Church from liability in the event of accident or injury to my child beyond their control.

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

Pediatrician's Name: \_\_\_\_\_

Pediatrician's Phone Number: \_\_\_\_\_

Insurance Provider: \_\_\_\_\_

Policy Number: \_\_\_\_\_

### Medical Information

Please fill out for each child attending preschool this year:

Child #1 Name: \_\_\_\_\_

Class:    2-year-old class                      3-year-old class

Child #1 Birthdate: \_\_\_\_\_

Child #1 Known Allergies (write N/A if not applicable): \_\_\_\_\_

\_\_\_\_\_

\*If child has allergies, an allergy action plan signed by his/her physician must be on file.

EpiPen required at school? (if yes, a medical authorization must be on file): \_\_\_\_\_

Child #1 other medical concerns: \_\_\_\_\_

\_\_\_\_\_

Child #2 Name: \_\_\_\_\_

Class: 2-year-old class                      3-year-old class

Child #2 Birthdate: \_\_\_\_\_

Child #2 Known Allergies (write N/A if not applicable): \_\_\_\_\_

\_\_\_\_\_  
\*If child has allergies, an allergy action plan signed by his/her physician must be on file.

EpiPen required at school? (if yes, a medical authorization must be on file): \_\_\_\_\_

Child #2 other medical concerns: \_\_\_\_\_

\_\_\_\_\_  
Child #3 Name: \_\_\_\_\_

Class: 2-year-old class                      3-year-old class

Child #3 Birthdate: \_\_\_\_\_

Child #3 Known Allergies (write N/A if not applicable): \_\_\_\_\_

\_\_\_\_\_  
\*If child has allergies, an allergy action plan signed by his/her physician must be on file.

EpiPen required at school? (if yes, a medical authorization must be on file): \_\_\_\_\_

Child #3 other medical concerns: \_\_\_\_\_

### Parent Handbook and Orientation

I have read the policies in the Saint Bridget Preschool handbook, and have also been given an orientation to the preschool (tour of facility, questions answered, etc.). I understand that I will have an additional opportunity to learn about the school at Back to School night held in August.

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

### Photo Release

Photos of the children may be used on bulletin boards, in school newsletters, on the school's Facebook/Instagram page, on the school's website, and on marketing materials. Names will never be used with photos. I understand that no fees, royalties, or compensation for my child's image will be paid to me.

Teachers may choose to share photos of the children in the classroom via a password protected photo sharing site. I understand that if I wish to deny permission for my child's image to be used, I will need to contact the Director prior to the start of the school year.

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

**Parent Involvement**

Please indicate your interest in helping in the school below:

- Room Parent
- Parent Outreach (adult social events)
- Field Day
- Community Service
- Fundraising
- Clerical Help (making copies, stuffing envelopes)

We would love to have parents contribute to our school and its success. If you own a business you think may be useful (marketing, graphic design, catering etc.) or have special skills (handy-man, electrical, landscaping) we'd love to connect with you to help improve our school! We'd also love to hear from you if you have a hobby or an occupation that might be suitable to a preschool presentation (fire safety, dental health, etc.) Please share any information that might be helpful for us to know below: \_\_\_\_\_

\_\_\_\_\_

Your teachers will be in touch with you this summer to introduce themselves and begin preparing for the school year. If there is any additional information you would like to share prior to that point, please feel free to do so here: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_