

Preschooler Health/Developmental History

Child's Full Name

Nickname

Date of Birth

Gender: Male Female

Health History

Does your child seem well most of the time? Yes No

Is your child taking any medications now? Yes No

If yes, please list and explain for what purpose:

Does your child tire easily? Yes No

How many hours of sleep does your child typically get each night?

Are there any sleep issues you feel we should know about:

Does your child become easily excited? Yes No

Is your child toilet trained? Yes No

If yes, what word or words are used for toileting?

Is your child currently being seen by a medical specialist? Yes No

If yes, for what reason?

Does your child have any health-related or other needs that you would like us to be aware of?

Yes No

If yes, please list:

Does your child have any contagious illnesses that could impact other children or staff? Yes

No

If yes, please provide details:

Has your child ever been hospitalized? Yes No

If yes, please provide details:

Has your child had any serious accidents or poisonings? Yes No

If yes, please provide details:

Is your child allergic to anything? Yes No

If yes, please list, and note the symptoms your child usually exhibits when having an allergic reaction:

Emotional Background

What type of discipline works best with your child?

What previous group experiences has your child had and how did he react to them?

How does your child typically react to new people or unfamiliar situations?

What language(s) is/are spoken in your home?

What kind of things can your child do by him/herself? (for example, eating, dressing, washing hands, toileting, tying shoes, etc.)

Does your child have any behavior issues you are concerned about? If yes, please describe them and explain how you deal with them at home:

Does your child have any pronounced fears or anxieties? If yes, please describe them and explain how you deal with them at home:

Please check the words that best describe your child:

- | | | |
|---------------------------------------|-----------------------------------|---|
| <input type="checkbox"/> confident | <input type="checkbox"/> loving | <input type="checkbox"/> quiet |
| <input type="checkbox"/> secure | <input type="checkbox"/> shy | <input type="checkbox"/> excitable |
| <input type="checkbox"/> responsible | <input type="checkbox"/> anxious | <input type="checkbox"/> energetic |
| <input type="checkbox"/> self-reliant | <input type="checkbox"/> follower | <input type="checkbox"/> other (please list): |
| <input type="checkbox"/> cooperative | <input type="checkbox"/> loud | |

Social Background

Please list names and ages of your child's siblings or other children living in the household:

How does your child typically get along with other children?

How much time does your child spend alone each day (excluding TV viewing)?

Is your child more comfortable around adults or other children?

In what situations does your child typically need the most help or feel least confident?

Special Interests

Is your child interested in books? Yes No

If yes, please list any particular author or subject of particular interest:

About how much time does your child spend in front of the TV or computer each day?

TV:

Computer:

Do you have any pets in your home? If yes, please describe:

Please list your child's special interests and abilities:

What play materials hold your child's interest the longest?

Are there any additional things you'd like to share about your child?

Emergency Information

Child's Name

Child's Address

Child resides with: Mother Father Both parents Guardian**Mother's Name**Mother's Address *(if different from child's)*

Home Phone

Work Phone

Cell Phone

E-mail Address

Mother's Place of Employment

Father's NameFather's Address *(if different from child's)*

Home Phone

Work Phone

Cell Phone

E-mail Address

Father's Place of Employment

Guardian's NameGuardian's Address *(if different from child's)*

Home Phone

Work Phone

Cell Phone

E-mail Address

Guardian's Place of Employment

Who has permission to drop-off or pick up your child from the program?

Name

Relation to child

Phone No.

Name

Relation to child

Phone No.

Name

Relation to child

Phone No.

Name

Relation to child

Phone No.

I hereby grant permission for _____ or her/his staff to take whatever steps may be necessary to obtain emergency medical care if warranted. These steps may include but are not limited to the following:

1. Attempt to contact a parent or guardian.
2. Attempt to contact the child's physician.
3. Attempt to contact a parent/guardian through any of the persons listed on the emergency information form you completed for us.
4. If we cannot contact you or your child's physician, we will do any or all of the following:
(a) Call another physician or paramedics, (b) call an ambulance, (c) have the child taken to an emergency hospital in the company of the provider or a staff member.
5. Any expenses under number 4, above, will be borne by the child's family.

Parent/Guardian Signature

Date

General Field Trip Permission Form

As part of our educational program, we will take the children in our preschool program on a variety of field trips. Most of our field trips include the parents. However, in some cases students will be transported in authorized vehicles. Field trips may include but are not limited to:

- Kitty Hawk Post Office
- NC Aquarium
- Grandy Pumpkin Patch
- Harris Teeter
- Duck Donuts
- NH Elementary, KH Elementary, FF Elementary
- Kitty Hawk Fire Department
- Jockey's Ridge State Park
- Pizzazz Pizza

I give consent for my child _____ to participate in all preschool field trips.

Parent or legal guardian's signature

Date

Parent or legal guardian's signature

Date

Privacy Permission Agreement

Our first priority is to protect your child's health and safety. To ensure that we are operating with your full understanding and agreement about your family's privacy, we ask that you grant permission to conduct the following activities. Please check off each item to which you give your consent, and sign below:

- Placing photos of your child around our school or on bulletin boards.
- Giving photos that include your child to other families in our preschool program.
- Including your child in evaluations/assessments relating to our preschool program.
- Using photos of your child and/or their artwork on our Web site (names will not appear with picture)
- Including your child in group pictures connected with our preschool program.
- Posting artwork that includes your child's name around our school.
- Monitoring/recording the actions of your child in the classroom/playground with security cameras.
- Distributing your child's name, phone number, and home address on the class roster.

Student's First and Last Name: _____

Parent or legal guardian's signature

Date of signature

Parent or legal guardian's signature

Date of signature