



Home Phone # \_\_\_\_\_

Work Address \_\_\_\_\_

Work Ph # \_\_\_\_\_

Cell Ph # \_\_\_\_\_

***RELEASE INFORMATION (name of persons to whom the child may be released)***

1. Name \_\_\_\_\_ Relationship \_\_\_\_\_

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

Home Ph# \_\_\_\_\_ Work Ph # \_\_\_\_\_

2. Name \_\_\_\_\_ Relationship \_\_\_\_\_

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

Home Ph# \_\_\_\_\_ Work Ph # \_\_\_\_\_

## MEDICAL INFORMATION

Name of Doctor/Physician: \_\_\_\_\_ Phone #  
\_\_\_\_\_

Address:  
\_\_\_\_\_

## EMERGENCY INFORMATION

In case of an emergency, every effort will be made to reach the parent. Please provide names of persons to be contacted in an emergency if parents are not reachable.

1<sup>st</sup> contact Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Relationship: \_\_\_\_\_

Work Phone #: \_\_\_\_\_ Cell Ph/Pager: \_\_\_\_\_

2<sup>nd</sup> contact Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Relationship: \_\_\_\_\_

Work Phone #: \_\_\_\_\_ Cell Ph/Pager: \_\_\_\_\_

Please comment on your child's overall health:  
\_\_\_\_\_

Is your child unable to participate in certain school activities? If yes, please list activities and reason.

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Is your child currently being treated for any medical condition? \_\_\_\_\_

If yes, please state condition and what medication is the child on:

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Does your child have any allergies or dietary needs?

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If so, what is your child allergic to or dietary needs?

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(please complete Individual action plan for child with medical condition)

Is there any previous history of communicable diseases that the School should be made aware of? \_\_\_\_\_

Does your child have any problems with hearing or vision? \_\_\_\_\_

Has he ever had a hearing or eye test? \_\_\_\_\_ Results \_\_\_\_\_

**PLEASE INCLUDE IMMUNIZATION RECORD:**

**How did you find out about Laurel Park Pre-School?**

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**Date of Admission:** \_\_\_\_\_

**Date of Withdrawal:** \_\_\_\_\_ **Reason for withdrawal:**  
\_\_\_\_\_

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_