

St. Aidan's Episcopal Day School

Emergency Information Form

Child's Name: _____ Date of Birth: _____
Address: _____

Parent #1: _____ Primary Phone: _____
Home Address: _____ Work Phone: _____
_____ Additional Phone: _____
E-Mail: _____

Parent #2: _____ Primary Phone: _____
Home Address: _____ Work Phone: _____
_____ Additional Phone: _____
E-Mail: _____

Medical

Allergies: _____
If so, does your child have an epi-pen? _____ (Epi-pens require an additional form)
Other issues: (dietary restrictions, asthma, hearing, heart, physical disabilities, etc.):

The school has my permission, in an emergency when I cannot be contacted, to take my child to the nearest appropriate medical facility, and the facility and its medical staff have my authorization to provide treatment that a physician deems necessary for the health and well-being of my child.

My child's physician: _____ Telephone: _____
My child's medical coverage/health insurance company: _____

Persons Authorized to Pick up My Child

(Either as regular babysitter, on an occasional basis, or if child is sick and we can not reach parents)

Name	Phone Number(s)	Relationship
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

Signature _____ Date _____

St Aidan's Episcopal Day School Child Profile Questionnaire

Child's Full Name: _____

What does your child like to be called? _____

Parents' Names _____

Child's Date of Birth: _____

Name(s) and Age(s) of Sibling(s)

School

Names and relationship of anyone else living at home:

Name and contact information for nanny or babysitter (if applicable):

Name and type of pet(s) at your home:

What is your child's base school (local elementary school)?

What is your family's home church (if any)?

Is there anything about your child's personality you would like us to know? Does your child have fears that might affect his or her school day? (separation from Mom, fire trucks, loud noises)

Two year-olds are not expected to be potty trained. By the time your child turns three, we ask that you are actively working on this skill. Is your child potty trained? Are there any toileting issues?

Please describe previous playgroup, day care, or preschool experiences (including name of school and length of time attended).

What are some of your child's favorite indoor and outdoor activities?

Was your child premature?

The following information will be maintained in confidentiality but is very important for teachers to know. We want to help your child be successful here and in the future. Has your child been evaluated or received services in any of the following areas?

Speech or Language Y N

Physical Therapy Y N

Occupational Therapy Y N

Do you have any concerns regarding your child's development? Y N

Please elaborate on any "yes" answers. _____

Employer

Occupation

Parent #1:

Parent #2:

We love parents to get involved in our school! Do you have any interests, hobbies, artistic or musical abilities or professional knowledge that you would be willing to share with the children and/or staff?

Would you be willing to volunteer for field trips or special events during the school day? If so, please indicate which day(s) of the week fit your schedule.

Signature _____ Date _____