

Goldman Family Preschool Child Record 2020-2021

NAME OF CHILD _____ Birthdate _____

Home Address _____

PARENT 1 _____ Cell Phone _____

Home Address (if different from above) _____

Home Phone _____ Work Phone _____ E-mail _____

Name of Employer _____

Employer's Address _____

PARENT 2 _____ Cell Phone _____

Home Address (if different from above) _____

Home Phone _____ Work Phone _____ E-mail _____

Name of Employer _____

Employer's Address _____

IN CASE OF EMERGENCY AND YOU CANNOT BE REACHED, PLEASE LIST PEOPLE WE CAN CONTACT:

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

The following people are authorized to pick up your child from school, should the need arise:

Name _____ Relationship _____

Name _____ Relationship _____

ADDITIONAL INFORMATION ABOUT YOUR CHILD

Please describe any additional information you would like us to know about your child. This could include special medical, developmental, emotional or education needs, allergies, existing illnesses or injuries, previous serious illnesses or injuries and any prescribed medication including those for emergency situations.

PERMISSION SLIP

I GIVE PERMISSION TO THE STAFF AT THE GOLDMAN FAMILY PRESCHOOL TO: (parent / legal guardian please check all that apply.)

 Take pictures/videos of my child for classroom use and other public purposes. Take walking fieldtrips around the neighborhood. Apply additional sunscreen if needed. Distribute my name, address, and phone numbers to other parents on classroom list. Post my child's allergies. Apply diaper rash ointment (if applicable).

I HAVE READ THE PARENT HANDBOOK AND BY SIGNING BELOW AGREE TO THE POLICIES THERE IN.

Parent/Guardian
Signature _____ **Date** _____