

CHILD INFORMATION

1. Are your child's immunization records up-to-date? Yes or No If no, please sign _____.
2. Has your child attended a preschool program Yes or No
If yes, please state where: _____
3. Does your child have any allergies or medical conditions? Yes or No
If yes, please state type and reaction. _____
Does your child require an Epi-Pen, Inhaler or other on-site Medication? If yes. Please provide details:

4. Do you have any expectations for your child at preschool?

5. Do you have any concerns about your child?

6. Does your child require a full-time aide? Yes or No
If yes, please explain. _____

PICK UP POLICY

At Kidz Choice Preschool – if parents are unable to pick up their child we do allow family members or friends of the family to pick up a child from class. In order to permit this, we need your authorization. Please fill in the following information for our files. We cannot release children to anyone who is under the age of eighteen.

I _____ authorize Only the Adults Listed Below to
 Name of Parent(s)

pick up _____ from the _____ program at Kidz Choice Preschool.
 Name of Child(ren) TTH or MWF

All adults who have permission to pick up your child from Kidz Choice Preschool must be listed below. Please let everyone on your list know that we will ask to see their picture identification the first time they pick up the child from us.

1. _____
 First Name Last Name Home Telephone Cell Telephone
 Relationship to Child _____
2. _____
 First Name Last Name Home Telephone Cell Telephone
 Relationship to Child _____