



Three-Year-old Registration Form

His Little Ones Preschool



STUDENT INFORMATION

First Name	Gender
Middle Name	Date of Birth
Last Name	Place of Birth

PARENT/GUARDIAN INFORMATION

Mother's Information	Father's Information
First Name	First Name
Last Name	Last Name
Physical Address	Physical Address
City, State, Zip	City, State, Zip
County	County
Phone	Phone
Email	Email
Mailing address (if different from above)	Mailing address (if different from above)
Employer	Employer
Work Phone	Work Phone
Custody: <input type="checkbox"/> Full <input type="checkbox"/> Joint <input type="checkbox"/> None	Custody: <input type="checkbox"/> Full <input type="checkbox"/> Joint <input type="checkbox"/> None
Who does the child reside with?	

LANGUAGE INFORMATION

Primary Language spoken in the home: <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other

RACE AND ETHNICITY

Is child of Hispanic, Latino, or Spanish ethnicity: <input type="checkbox"/> Yes <input type="checkbox"/> No
What is the student's Race?
<input type="checkbox"/> White (Origins in any of the original peoples of Europe, the Middle East, or North Africa)
<input type="checkbox"/> American Indian or Alaska Native (Origins in any of the original peoples of North, Central, and South America)
<input type="checkbox"/> Asian (Origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent for example-Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, Philippine Islands, Thailand, and Vietnam)
<input type="checkbox"/> Black or African American (Origins in any of the black racial groups of Africa)
<input type="checkbox"/> Native Hawaiian or Pacific Islander (Origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands)

Child's name _____

EMERGENCY CONTACTS

These people are authorized to pick up your child in case of an emergency.

Name	Phone Number	Relationship to child
Name	Phone Number	Relationship to child
Name	Phone Number	Relationship to child
Name	Phone Number	Relationship to child

List anyone restricted from picking up your child

STUDENT HEALTH INFORMATION

Child's Doctor's Name: _____ Phone: _____

Address: _____ City: _____ State: _____

Preferred Hospital: _____ Phone: _____

Address: _____ City: _____ State: _____

Child's Dentist's Name: _____ Phone: _____

Address: _____ City: _____ State: _____

Health or Mental Health Conditions _____

Allergies _____

Medications _____

Health Related Comments _____

Additional forms will be needed if medication is administered, or diet modifications are necessary during school hours.

AUTHORIZATIONS FOR _____
(Child's Name)

Medical Emergency

_____ As the parent(s), or legal guardian(s) of the child named at the top of this sheet, I (we) authorize emergency medical treatment or hospitalization that is necessary in the event of an accident or illness of my (our) child. I (we) understand that this consent is given in advance of any specific diagnosis or hospital care. This written authorization is granted only after a reasonable effort has been made to contact me (us).

Pain reliever/fever reducer

_____ My child has my permission to take Tylenol or a generic version at school as needed for headaches, fever, or other minor problems. We will inform you when it is administered and dosage.

_____ Call/text me before giving my child a pain reliever/fever reducer.

_____ I do not allow my child to take Tylenol or a generic version.

Photo Release

_____ I hereby do consent to my child/children being photographed or videotaped for use by St. Patrick's School in newspapers, our website and social media, or other media for school related purposes.

Field Trips

_____ I hereby do consent to my child to go on field trips within the city limits of Sheldon. I understand I will be notified when the field trips will be held and if I don't want my child to attend, I will let you know. Special permission slips will be used for any trips out of the city limits such as the Pumpkin Patch in Sioux Center.

Handbook

The preschool handbook contains procedures and policies for children enrolled at His Little Ones Preschool. By our signatures, we are confirming that we have read and understand the contents of the handbook. We agree to follow the policies outlined in Parent Handbook. We understand that the school reserves the right to amend policies and procedures when necessary, and that we will abide by changes. Any changes made to the handbook will be distributed by the school.

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date