

Larchmont Avenue Church Preschool

60 Forest Park Ave * Larchmont, NY 10538
p: (914) 834-3984 * f: (914) 834-1832 * info@LACPreschool.com

Child History and Dismissal Authorization Form - 2017-2018

The parent contact information will be used to create the class lists.

Child's Name: _____ Nickname: _____

Date of Birth: _____ Gender: ___ M ___ F Home Language: _____

Mother/Guardian: _____

Home phone: _____ Work phone: _____ Cell phone: _____

Email: _____

Father/Guardian: _____

Home phone: _____ Work phone: _____ Cell phone: _____

Email: _____

Marital Status: Married: _____ Separated: _____ Divorced: _____

SIBLINGS:

Name: _____ Birth date: _____ Grade in school: _____

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OTHER MEMBERS IN HOUSEHOLD: (INCLUDE RELATIONSHIP AND AGE)

Has the child had play group experience? _____

Attended another pre-school? _____ Name of school: _____

Persons Authorized to pick child up at dismissal

Name: _____ Relationship to child: _____ Phone: _____

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Name: _____ Relationship to child: _____ Phone: _____

Under no circumstance will a child be released to anyone not known to the school without written authorization from the parents.

I give permission for any of the persons listed above to pick up my child at dismissal.

Parents' signature

Date

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DEVELOPMENTAL HISTORY OF CHILD

Is the child right handed? _____ left handed? _____ Does the child dress him/herself? _____

What time does child eat breakfast _____ Lunch _____ Dinner _____

What time does child usually go to bed? _____ Awaken? _____

Does he/she sleep well? _____ Is child toilet trained? _____

Word(s) used for urination? _____ Bowel movement? _____

Usual time for bowel movement? _____

Any dietary restrictions: _____

Child's favorite activities: _____

Indoor: _____ Outdoor: _____

Does child have any special fears that you are aware of? _____

Does the child have any speech problems? _____

Any other problems we should be aware of? _____

What method of behavior control is used in your home? _____

What is the child's usual reaction? _____

How would you describe your child's personality? _____

HEALTH HISTORY:

What illnesses has the child had? At what age?

Chicken pox _____ Scarlet fever _____ Diabetes _____ Mumps _____

Measles _____ Other: _____

Does the child have frequent colds? Explain _____

Tonsillitis _____ Earaches _____ Stomachaches _____ Does the child vomit easily? _____

Does the child run high fevers easily? _____

Is the child allergic? _____ If so, how does it manifest itself? _____

asthma _____ hay fever _____ hives _____ other: _____

Do you know the cause of the allergy? _____

Has child been to dentist? _____ vision tested? _____ hearing tested? _____

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FAMILY CULTURE

Describe your family's cultural holidays, celebrations and or practices.

What languages are spoken in your household and with your extended family?

Describe the values that are most important to you and your family.

What activities do you enjoy doing together as a family?

GENERAL QUESTIONS:

What do you hope will be the major outcome of your child's school experience this year?

Is there anything else you think we should know about you and your child?

How would you like to participate in your child's preschool experience?(classroom, talent to share, field trips, celebration, other)

PLEASE ADD ANY OTHER INFORMATION THAT YOU FEEL IMPORTANT FOR THE SCHOOL TO KNOW.