



If divorced, please describe custody and visitation agreement for your child: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name and ages of any brothers or sisters: \_\_\_\_\_  
\_\_\_\_\_

**Name of persons picking up your child from school excluding parents:**

Name: \_\_\_\_\_ Contact #: \_\_\_\_\_  
Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Contact #: \_\_\_\_\_  
Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Contact #: \_\_\_\_\_  
Relationship: \_\_\_\_\_

**Child's Information**

*Please help us plan for your child's needs by taking the time to fill out the questions below.*

Does your child have any physical handicaps, speech problems, developmental delays, or emotional problems? No / Yes

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

Has your child ever received services for (*please circle all that apply*)

Speech   Behavior disorder   Learning disability   Attention deficit disorder   Hyperactivity

Developmental delays   Sensory integration   Other: \_\_\_\_\_

***We strive to meet the needs of each individual child, but if we feel we are not qualified to handle your child's disability, we reserve the right to return your registration fee.***

Is your child potty-trained: No / Yes   (*If your child wears pull-ups we request velcro sides*)

Does your child have any special words they use for "going potty"? \_\_\_\_\_

What methods of discipline have you found most effective? \_\_\_\_\_

Does your child have any unusual fears? \_\_\_\_\_

Is English the primary language spoken in your home? \_\_\_\_ If no, please list: \_\_\_\_\_

**Health Information**

Does your child have any allergies? No / Yes If yes please describe: \_\_\_\_\_

\_\_\_\_\_

Does your child take any medications regularly? No / Yes If yes, please list: \_\_\_\_\_

\_\_\_\_\_

**Emergency Treatment Information**

**Waiver of Liability**

Should my child become ill or injured during the time he/she is in the care of Rock Springs United Methodist Church Preschool, I understand the school's policy will be as follows:

1. The school shall attempt to contact parents.
2. In the event the school is unable to contact parents, the school shall attempt to contact the following person listed below.
3. Should this fail the school shall be authorized to secure such medical attention and care for my child as deemed necessary.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Name and phone numbers of persons to contact in care of emergency if parents cannot be reached.

Name: \_\_\_\_\_ Contact #: \_\_\_\_\_

Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Contact #: \_\_\_\_\_

Relationship: \_\_\_\_\_