

**Mt. Zion UMC Preschool
Student's Personal Information Form**

Child's Last Name, and First Nickname / / Sex M/F

Street Address City, Zip Code Subdivision Home Phone Number

Mother's Name Mom's Cell Number Mom's Work Number Mom's Occupation

Father's Name Dad's Cell Number Dad's Work number Dad's Occupation

Email address _____ Elementary School Child will Attend _____

Child Lives With: ___ Both Parents ___ Mother ___ Father ___ Other = _____

Child's Legal Guardian(s): ___ Both Parents ___ Mother ___ Father ___ Other = _____

In the case of an emergency, when the parents cannot be reached, these people may be contacted and may pick my child/children up from Mt. Zion UMC Preschool on my behalf: [Local Contacts Only]

1. _____

First Name, Last Name	Home Number	Cell Number	Relationship to Child
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2. _____

First Name, Last Name	Home Number	Cell Number	Relationship to Child
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3. _____

First Name, Last Name	Home Number	Cell Number	Relationship to Child
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Child's Physician or Clinic's Name Telephone Number

Child's Dentist (to call in the event of a dental injury) Telephone Number

Personal Health / Accident Insurance Carrier: _____

_____ Policy Number	_____ Group Number	_____ Effective Date of Coverage
_____ Claims Verification Number	_____ Parent / Guardian Signature	<u> </u> / <u> </u> / <u> </u> Today's Date

My signature above authorizes the release of information by the physician to Mt. Zion UMC Preschool and/or its representatives or to other emergency providers as may be deemed necessary by circumstances for treatment of the above named child.

Medical Release Permission: In the event of sickness or accident, when we cannot reach either parent/guardian, I authorize Mt. Zion UMC Preschool to seek medical attention for my child at the nearest medical facility available.

Signature of Parent/ Guardian _____ / /
Today's Date

Family Ethnicity: ___ White/Caucasian, ___ Black/African American, ___ Spanish/Hispanic/Latino, ___ Asian/ Pacific Islander, ___ American Indian/ Alaska Native/ Native American, Other: _____

Language Spoken at Home _____ Child Speaks English ___ Yes/ ___ No

Child Understands English? ___ Yes/ ___ No

Family Religious Background _____ Church Family Attends _____

We welcome families from all cultures and faiths, and ask if you would be willing to share your family traditions/ celebrations/ holidays with the children in our program: ___ Yes ___ No

Please read and initial each section of this form if you agree: **if you disagree – write “No”**

___ **Directory Agreement** – I give permission for our basic contact information (name, address, phone numbers, and email) to be printed in the Mt. Zion UMC Preschool Directory published yearly for parent/staff use only.

___ **Publicity Agreement** – I give permission for my child’s photo and/or artwork to be used in preschool brochures, preschool website, newsletter & newspaper articles, and other print & video media used to publicize Mt. Zion UMC Preschool. (Child name will never be used without further specific permission from parents/guardians.)

___ **Allergy Posting Release** – I give permission for my child’s name, description of allergy (current or future) and procedures/medication needs to be posted in the classroom for the health and safety of my child.

Child’s Health Profile:

Full Term Birth ___ Premature Birth ___ at ___ Weeks Delivery Complications _____

Serious Illnesses or Hospitalizations (Date/ Describe) _____

Physical Limitations or Medical Conditions (asthma, diabetes, epilepsy, etc.) ___ Yes ___ No

If yes, please describe _____

The following special accommodations may be needed to effectively meet my child’s need while attending preschool: _____

Does child have allergies? ___ Yes ___ No What is the allergic reaction and treatment: _____

Does child routinely take medication? ___ Yes ___ No List medicine(s) and dosage? _____

Does child receive services from Cobb County? ___ Yes ___ No What type of services _____

Does your child still nap? ___ Yes ___ No If “yes” when & for how long? _____

Will your child let an adult know when (s)he needs to use the bathroom? ___ Yes ___ No

What word(s) will your child use for this? _____

All information presented on this form is confidential and available to only the child’s parents/ guardians, classroom teacher(s), and the program’s administrators. It cannot be shared with any other person without written consent of this child’s parents or legal guardians.