



2022-2023 PRESCHOOL Student Data Form

Child's Full Name: _____ Nickname: _____ Age: _____ Sex: M / F
DOB: ____/____/____ Previous School Name: _____

Parent/Guardian Contact & Release Information:

Primary Guardian: _____ E-mail _____

Street Address: _____ City: _____ State: _____ Zip: _____

Home Phone: (____) ____-____ Work Phone: (____) ____-____ Cell Phone: (____) ____-____

I would like to receive text messages for school closings or delays Yes No

Secondary Guardian: _____ E-mail _____

Street Address: _____ City: _____ State: _____ Zip: _____

Home Phone: (____) ____-____ Work Phone: (____) ____-____ Cell Phone: (____) ____-____

I would like to receive text messages for school closings or delays Yes No

Is there a custody or visitation arrangement? Yes (please explain and attach supporting documentation) No

Child Release:

The following people are authorized to pick up my child from the HAC Preschool program

<u>Name:</u>	<u>Relationship:</u>
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____

If not Available in an Emergency, Notify:

1.) First Name: _____ Last Name: _____ Relationship: _____

Home Phone: (____) ____-____ Work Phone: (____) ____-____ Cell Phone: (____) ____-____

2.) First Name: _____ Last Name: _____ Relationship: _____

Home Phone: (____) ____-____ Work Phone: (____) ____-____ Cell Phone: (____) ____-____

Personal Growth:

Is there any information about your child the HAC staff could benefit from knowing to better serve your child?

Child's Physician/Medical Care Provider:

Family Physician: _____ Phone: (_____) _____ - _____

Allergies (food, medicine, bee sting): _____

Special information or restriction we should know about your child: _____

Guardian Signed Releases:

Computer/Screen Time: I hereby give permission for my child to participate in the use of electronic devices such as computers, iPads, or TVs in the classroom.

Guardian Signature: _____ Date: ____/____/____

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Photo Release: I hereby give my permission for photographs of my child to be used in HAC publicity.

Guardian Signature: _____ Date: ____/____/____

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Medical Release: I hereby give my permission for HAC to administer emergency medical care/first aid.

Guardian Signature: _____ Date: ____/____/____

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Sunscreen Release: I hereby give my permission for HAC to apply sunscreen, which I provide, to my child.

Guardian Signature: _____ Date: ____/____/____

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YES Class Transportation: I hereby give my permission for HAC to transport my child to any HAC "YES" classes that may occur during Lunch Bunch or Extended Care.

Guardian Signature: _____ Date: ____/____/____

Guardian Signature: _____ Date: ____/____/____