



Green Valley Methodist Preschool & Kindergarten
2200 Robindale Road
Henderson, NV 89074
School Year: _____
Student Information Form

Student's Name _____ Date of Enrollment _____

Student's Nickname _____ Gender _____ Date of Birth _____

Street Address _____

City _____ State _____ Zip Code _____

Mother's Name _____ Occupation _____

Home Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Cell Phone _____

Work Address _____ Work Phone _____

Father's Name _____ Occupation _____

Home Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Cell Phone _____

Work Address _____ Work Phone _____

If the child is not living with his or her birth mother and father, please complete the following:

Father _____	Mother _____
Address _____	Address _____
City/State/Zip _____	City/State/Zip _____

I give permission for the non-custodial parent, _____, to pick up the child during or after school. _____
(Signature of Custodial Parent)

Others in household: (please list all who live in house plus ages) _____

If there should be an emergency between the hours of 9:30 a.m. and 12:30 p.m., please list the person and phone number in the order of preference to call.

1. Name _____	Phone/Cell _____
2. Name _____	Phone/Cell _____
3. Name _____	Phone/Cell _____

Additional persons who are authorized to pick up your child from GVM Preschool & Kindergarten:

<u>Name</u>	<u>Address</u>	<u>Phone</u>	<u>Relationship</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Does your child have any special needs or fears? Explain: _____

Are the needs serious enough to restrict the child's activities? Yes _____ No _____

If yes, please explain: _____

Is the child allergic to any foods or other substances? If so, name food(s) or substances to be avoided and procedure to follow if reaction occurs. If the allergy is severe, we may ask you to bring snacks for your child to keep on hand at school.

Is there any physical condition that the staff should be aware of and what precautions should be taken?

In your opinion, what is your child's greatest quality? _____

Please check the item(s) below that pertain to your child:

_____ A listener/not talker

_____ Quiet & Reserved

_____ Socially Outgoing

_____ Separation Anxiety

_____ A leader

_____ Good verbal expression

_____ Imitates others

_____ Shy/Bashful

_____ Inquisitive

Please indicate if your child has or has had any of the following conditions:

_____ Allergy to bee stings

_____ Chicken Pox

_____ Headaches

_____ Allergies

_____ Diabetes

_____ Heart Murmur

_____ Asthma

_____ Epilepsy

_____ Hepatitis

List fractures and operations:

Type _____ Date _____

Type _____ Date _____

Is your child allergic to any drug? _____ Yes _____ No If yes, please explain: _____

Is your child currently being prescribed medication? _____ Yes _____ No If yes, for what reason? _____

Is this a chronic illness?

Physician and Dentist to be called in an emergency:

Physician _____ Phone _____

Dentist _____ Phone _____

If physician cannot be reached, what action should be taken?

_____ Call nearest hospital _____ Other Explain: _____

If emergency service involving medical action or treatment is required and neither parents nor guardian can be contacted, I hereby consent for my child to be given medical care by the doctor selected by the school. This might include ambulance service. I understand this treatment will be at my/our own expense.

Mother _____ Date _____
(Print and Sign Name)

Father _____ Date _____
(Print and Sign Name)