



**STUDENT PROFILE 2019-2020**

**EMERGENCY INFORMATION**

Child's Name: \_\_\_\_\_ Male: \_\_\_\_\_ Female: \_\_\_\_\_

Name Used: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone Number: (\_\_\_\_) \_\_\_\_\_ Email Address: \_\_\_\_\_

What is the primary language spoken in your household? \_\_\_\_\_

Parent/ Guardian: \_\_\_\_\_ Work #: (\_\_\_\_) \_\_\_\_\_

Cell #: (\_\_\_\_) \_\_\_\_\_

Parent/ Guardian: \_\_\_\_\_ Work #: (\_\_\_\_) \_\_\_\_\_

Cell #: (\_\_\_\_) \_\_\_\_\_

**NAMES OF BROTHERS AND SISTERS**

1. \_\_\_\_\_ Age: \_\_\_\_\_

2. \_\_\_\_\_ Age: \_\_\_\_\_

3. \_\_\_\_\_ Age: \_\_\_\_\_

4. \_\_\_\_\_ Age: \_\_\_\_\_

If your emergency contact cannot be reached; in the case of an emergency and immediate medical and or hospital attention is needed, do you authorize responsible Des Plaines Park District authorities to send your child (properly accompanied) to an available hospital or physician?  
Yes \_\_\_\_\_ No \_\_\_\_\_

**Signature Required:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**BIRTH AND EARLY DEVELOPMENT**

Status of Parents: (check all appropriate answers) Parents Married \_\_\_\_\_

Mother Living \_\_\_\_\_ Father Living \_\_\_\_\_ Divorced \_\_\_\_\_ Separated \_\_\_\_\_

Has anyone other than parents had a substantial role in raising your child?

Yes \_\_\_\_\_ No \_\_\_\_\_ If so, who? \_\_\_\_\_

Who has custodial rights for your child? Circle all that apply:

Mother Only \_\_\_\_\_ Father Only \_\_\_\_\_ Mother & Father \_\_\_\_\_ Other \_\_\_\_\_

Is there a court order to keep an ex-spouse, or other individual away from your child?

Yes \_\_\_\_\_ No \_\_\_\_\_

**\*IF YES, PLEASE PROVIDE A COPY OF THE DOCUMENTATION. NOTE: STAFF CANNOT RESTRICT CHILDREN FROM PARENTS WITHOUT PROPER DOCUMENTATION.\***

**HEALTH**

**A Doctor's note or Department of Human Services Health & Examination Form will be required before the first day of Creative Corners Preschool.**

Does your child have any physical difficulties? Yes \_\_\_\_\_ No \_\_\_\_\_

Please Explain:

\_\_\_\_\_

Does your child have any chronic diseases? Yes \_\_\_\_\_ No \_\_\_\_\_

Please Explain:

\_\_\_\_\_

What restrictions, if any, are placed on your child in our classroom?

\_\_\_\_\_

Does your child have any allergies? Yes \_\_\_\_\_ No \_\_\_\_\_

Please List:

\_\_\_\_\_

Please List food(s) your child is **NOT** permitted to consume.

\_\_\_\_\_

Is your child fully toilet trained? Yes \_\_\_\_\_ No \_\_\_\_\_

**Your child must be fully toilet trained to participate in the preschool 3s, 4s, Pre K and Spanish Immersion. No Pull Ups or diapers are allowed.**

Has your child had an eye and/or hearing test? Yes \_\_\_\_\_ No \_\_\_\_\_

Has your child ever had any difficulties with the following:

Hearing Yes \_\_\_\_\_ No \_\_\_\_\_  
Speech Yes \_\_\_\_\_ No \_\_\_\_\_  
Sight Yes \_\_\_\_\_ No \_\_\_\_\_

Other: \_\_\_\_\_

Any accommodations or modifications made to assist your child with hearing or speech?  
\_\_\_\_\_

**PLAY AND SOCIAL INTERACTIONS**

Does your child have other children of his/her own age to play with? Yes \_\_\_\_ No \_\_\_\_

Does your child prefer (check one):  
\_\_\_\_\_ Spending time alone  
\_\_\_\_\_ Spending time with other children  
\_\_\_\_\_ Spending time with adults

Does your child have any fears? Please list: \_\_\_\_\_

**Please rate the following activities on a scale from 1-3.**

- 3-My child loves doing it.
- 2-My child neither likes nor dislikes doing it.
- 1-My child really avoids doing it.

_____ Plays alone	_____ Trying new things
_____ Plays with other children	_____ Dance &/or Sing
_____ Watch others play	_____ Enjoys Arts & Crafts
_____ Playdates	_____ Helps around the house
_____ Plays outside	
_____ Plays sports	

Does your child get along with other children his/her age?  
\_\_\_\_\_

Does your child become upset / angry easily? Yes \_\_\_\_\_ No \_\_\_\_\_  
What does this look like?  
\_\_\_\_\_

Does your child have the ability to problem solve with other children? Yes \_\_\_\_\_ No \_\_\_\_\_  
What does this look like?  
\_\_\_\_\_

Does your child have any habits we should be aware of?  
\_\_\_\_\_

Is this your child's first experience away from family? Yes \_\_\_\_\_ No \_\_\_\_\_

Additional Information \_\_\_\_\_

Do you have any specific behavioral concerns? Yes \_\_\_\_\_ No \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**GENERAL INFORMATION**

Do we have your permission to take your child on SUPERVISED walks? Yes \_\_\_\_\_ No \_\_\_\_\_

Does your child come to class from a caregiver's home? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please provide the caregiver's information:

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

**Authorized Pick-up Form**

Please list the names and relationship of individuals who are authorized by you to pick up your child from the Creative Corners Preschool. **If parent / guardian is unable to be reached please list an emergency contact who is able to pick your child up within 15 minutes first.**

<b>Name:</b>	<b>Phone Number</b>	<b>Relationship</b>
1	( )	
2	( )	
3	( )	
4	( )	
5	( )	

**Please read the Creative Corners Preschool Parent Handbook.  
A PDF is on our website, DPParks.org.**

*Please sign below acknowledging that you understand the expectations that are outlined in the Creative Corners Preschool Parent Handbook and all information on this form is current.*

**Signature Required:** \_\_\_\_\_ **Date:** \_\_\_\_\_