



STUDENT PROFILE 2021-2022

EMERGENCY INFORMATION

Student'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? _____

Guardian #1: _____ Work #: (____) _____

Cell #: (____) _____

Guardian #2: _____ Work #: (____) _____

Cell #: (____) _____

NAMES OF SIBLINGS:

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 student (properly accompanied) to an available hospital or physician?
Yes _____ No _____

Signature Required: _____ **Date:** _____

BIRTH AND EARLY DEVELOPMENT

Has anyone other than guardians had a substantial role in raising your student?

Yes _____ No _____ If so, who? _____

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

Is there a court order to keep an individual away from your student?

Yes _____ No _____

IF YES, PLEASE PROVIDE A COPY OF THE DOCUMENTATION. NOTE: STAFF CANNOT RESTRICT STUDENTS FROM GUADIAN'S 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 student have any physical difficulties? Yes _____ No _____

Please Explain:

Does your student have any chronic diseases? Yes _____ No _____

Please Explain:

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

Does your student have any allergies? Yes _____ No _____

Please List:

Please List food(s) your student is/are **NOT** permitted to consume.

Is your student fully toilet trained? Yes _____ No _____

Your student 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 student had an eye and/or hearing test? Yes _____ No _____

Has your student 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 student with hearing or speech?

PLAY AND SOCIAL INTERACTIONS

Does your student have other students of their age to play with? Yes ____ No ____

Does your student prefer (check one):
_____ Spending time alone
_____ Spending time with other students
_____ Spending time with adults

Does your student have any fears? Please list: _____

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

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

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

Does your student get along with other children their age?

Does your student become upset /angry easily? Yes _____ No _____
What does this look like?

Does your student have the ability to problem solve with other children? Yes _____ No _____
What does this look like?

Does your student have any habits we should be aware of?

Is this your student'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 student on SUPERVISED walks? Yes _____ No _____

Does your student 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 student from the Creative Corners Preschool. **If a guardian is unable to be reached please list an emergency contact that is able to pick your student up within 15 minutes first.**

Name:	Phone Number	Relationship
1	()	
2	()	
3	()	
4	()	
5	()	

Please read the Creative Corners Preschool 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 Handbook and all information on this form is current.

Signature Required: _____

Date: _____