



\*Include a picture of your child here\*

**STUDENT PROFILE 2021-2022**

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:** \_\_\_\_\_