

STUDENT INFORMATION

Student's Name _____ Date of Birth (M) ____ (D) ____ (Y) _____

Mother's Name _____

Father's Name _____

Drop-Off & Pick-Up Times

Limited spots are available from 7:30-8:30 am and 4:00-5:30 pm. No additional charge required. Please check all that apply.

- YES, I need to drop off my child between 7:30-8:30 am
- YES, I need to pick up my child between 4:00-5:30 pm

RELEASE INFORMATION

List Persons to whom your child may be released. Any persons unfamiliar to staff will be requested to produce photo ID.

Name _____ Relationship _____ Phone _____
 Name _____ Relationship _____ Phone _____
 Name _____ Relationship _____ Phone _____
 Name _____ Relationship _____ Phone _____

SIBLING INFORMATION

Please list names and ages of siblings.

Name _____ Age ____ School _____
 Name _____ Age ____ School _____
 Name _____ Age ____ School _____
 Name _____ Age ____ School _____

Is there any other information that may help us to facilitate your child's transition into the SCA Preschool? (Special interests; specific likes and dislikes; major changes within the family, etc.)

TOILET LEARNING

Please check all that apply to your child's present stage.

- Completely capable of using toilet
- In underwear during day
- Asks to use the toilet
- Will use the toilet when taken

NAPPING

I want my child to nap Yes No

My child usually naps from _____ to _____

If yes, children who do not fall asleep will still rest on a cot for 30 minutes.