

Saint Paul's Episcopal Preschool
401 East Fourth St., Greenville, NC 27858 (252) 752-3482

Please describe your child's previous experience in a preschool or day care situation (location, duration, adjustments, etc.) _____

Please list any specific aspects of your child's behavior that you would want your child's teacher aware of (such as play, eating, special fears, special likes/dislikes, etc.) _____

Please list any health problems, including allergies, and any medications that your child requires. Please be specific. _____

List any physical difficulties (vision, hearing, speech, dental, etc.) _____

List any emotional or nervous difficulties (anxiety, traumatic stress, etc.) and ways to provide comfort to your child _____

List any childhood diseases and dates of contraction _____

Immunizations are required to attend St. Paul's, are your child's immunizations up to date? (a copy of your child's immunizations will be required at the start of the school year) Yes _____ No _____

****3 year olds only****

Is your child potty trained? _____

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Release Form

Name of Child: _____

I grant St. Paul's Preschool staff permission for the following:

- 1. To take the child on supervised neighborhood walks and field trips. * Additional permission forms will be given at time of specific field trips.
- 2. To include the child in pictures connected with the program on St. Paul's website as well as newsletters, etc.
- 3. To take necessary steps to help the child obtain any emergency medical attention needed.
 - a. Attempt to contact a parent or legal guardian.
 - b. Attempt to contact parent through other emergency contacts listed below.
 - c. Attempt to contact the child's physician or dentist.

Name of Physician: _____ Phone: _____

Name of Dentist: _____ Phone: _____

- d. To call another physician if listed physician is unavailable.
- e. To take the child to an emergency room accompanied by St. Paul's staff.
- f. To call a rescue vehicle.
- 4. If the child needs emergency medical treatment and a parent or guardian cannot be contacted, I grant permission for the emergency room physician to perform any procedures that are necessary until I can be located.
- 5. List the names and contact information of two people other than the parents whom St. Paul's staff may contact in the event of an emergency (Local to Greenville)

Name: _____ Relationship: _____

Work # _____ Home # _____ Cell # _____

Address: _____

Name: _____ Relationship: _____

Work # _____ Home # _____ Cell # _____

Address: _____

Signature of Parent (or legal guardian)

Date

Signature of Parent (or legal guardian)

Date

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Pickup Permission Form

Child's Name: _____ Child's class: _____

I authorize the following persons to pickup my child from St. Paul's Preschool for the school year of _____ . I understand that any changes to the list will require written permission by a parent or legal guardian.

Any persons picking up my child from St. Paul's Preschool must have his/her name on the following list and is required to present a photo ID to the teacher at the time of pickup.

Please indicate if either parent is NOT authorized to pickup the child from St. Paul's Preschool. We need to be made aware of any specific legal custody arrangements that may prevent either parent from authorization to pickup the child. Please notify the teacher and/or the director of the school if this is a problem.

Please list the full name and relationship to the child (babysitter, grandparent, aunt, uncle, friend, etc.)

1. _____ Ph. _____ Cell _____
2. _____ Ph. _____ Cell _____
3. _____ Ph. _____ Cell _____
4. _____ Ph. _____ Cell _____
5. _____ Ph. _____ Cell _____

Parent's name printed

Parent's name printed

Parent's signature

Parent's signature

Date signed

Date signed