ROCK SPRING
KIDS DAY OUT
AND
PRESCHOOL

Please complete and return to the KDO Preschool director BEFORE the start of school.
Your child may not attend school without a copy of this form on file.

STUDENT INFORMATION FORM

CHILD'S INFORMATION			
Child's name (last, first, MI):			Enrollment date:
Nickname:	Date of birth:	Current age:	Gender: ☐ Male ☐ Female
Home Address:			Home phone:

PARENTS' INFORMATION		
Parent/Guardian's name (last, first):		Relationship to child:
Home address (if different from child's)		
Employer name and address:		
Mobile phone:	Business phone:	Preferred e-mail address:
Parent/Guardian's name (last, first)		Relationship to child:
Home address (if different from child's)		
Employer name and address:		
Mobile phone:	Business phone:	Preferred e-mail address:
Names and ages of child's siblings:		

MEDICAL INFORMATION	
Pediatrician's name and practice name:	Phone number:
Does your child have any physical or emotional difficulties we should be aware of? ☐ No ☐ Yes, please describe below:	
What special services will KDO Preschool need to provide your child?	

Does your child receive support services (e.g., speech/language therapy):

☐ No ☐ Yes. If yes, please provide contact information for therapists below and copies of most recent evaluations:

Does your child have any food allergies?

☐ No ☐ Yes. Please list below:

Is your child allergic to bee stings? ☐ No ☐ Yes, details below:

EMERGENCY CONTACT INFORMATION

Individuals to contact if KDO Preschool is unable to reach parents/guardians in event of an emergency:

1.

2.

KDO Preschool may release my child to the following individuals (full name and relationship to child).

Name:	Phone number:	Relationship to child:
1.		
2.		
3.		

☐ I have provided original documentation of Immunization (form 3231) and agree to provide current documentation as information is updated.

☐ I have read the KDO Preschool Parent Handbook and agree to abide by the policies stated therein.

Parent signature:	Date:
Parent signature:	Date:

EMERGENCY MEDICAL AUTHORIZATION

(to be used in the event of emergency when a parent, guardian or emergency contact cannot be reached.) In cases of emergency, Rock Spring KDO Preschool uses Children's Healthcare of Atlanta at Egleston as its main facility. The address is: 1405 Clifton Road, NE. 404-325-6400.

The undersigned parent(s) or guardian(s) hereby give consent and authorize a representative of Rock Spring Presbyterian Church, Inc., to obtain appropriate medical transport, care, and treatment on behalf of the undersigned, as if personally done by the undersigned, for the purposes of stabilization until such time as I/we can be notified. All acts so done are hereby expressly ratified.

Please note ANY MEDICATION to which your child is allergic or any other conditions you feel are important. (Use additional pages as necessary.)

Parent signature:	Date:
Parent signature:	Date: