

**AVENUE PRESCHOOL**  
**Medical and Social Information Form ~ 2022-2023 School Year**

Child's Name \_\_\_\_\_ I would like them called \_\_\_\_\_

Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Home Address \_\_\_\_\_

Home Phone # \_\_\_\_\_ E-mail Address (optional—for school use only) \_\_\_\_\_

Parent/Guardian #1 \_\_\_\_\_ Cell phone # \_\_\_\_\_

Parent/Guardian #1 Employer \_\_\_\_\_ Position \_\_\_\_\_

Hours of Employment \_\_\_\_\_ Work phone # \_\_\_\_\_

Parent/Guardian #2 \_\_\_\_\_ Cell phone # \_\_\_\_\_

Parent/Guardian #2 Employer \_\_\_\_\_ Position \_\_\_\_\_

Hours of Employment \_\_\_\_\_ Work phone # \_\_\_\_\_

Are parents:    \_\_\_ married    \_\_\_ separated    \_\_\_ divorced    \_\_\_ single

If parents are separated or divorced, please list legal guardian and person with whom child resides:

\_\_\_\_\_

If parent(s)/guardian cannot be reached, call:

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

**Medical History**

Physician (to be called in an emergency): \_\_\_\_\_ Phone: \_\_\_\_\_

Health Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

Special medical needs: \_\_\_\_\_

Special developmental or social/emotional needs: \_\_\_\_\_

\_\_\_\_\_

Does your child have a vision or hearing impairment? Yes \_\_\_\_ No \_\_\_\_ If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

Does your child have food allergies or food restrictions? Yes \_\_\_\_ No \_\_\_\_ If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

Does your child have any other allergies (seasonal, bee stings, penicillin, etc.)? Yes \_\_\_\_ No \_\_\_\_ If yes, please explain: \_\_\_\_\_

Is your child taking any special medications? Yes \_\_\_\_ No \_\_\_\_ If yes, please explain: \_\_\_\_\_

\_\_\_\_\_



# AVENUE PRESCHOOL

## \*\* AUTHORIZED PICK-UP/SIGN-OUT INFORMATION \*\*

2022-2023 School Year

Child's Name: \_\_\_\_\_

List the names of persons authorized to pick-up your child from Avenue Preschool. Children will not be allowed to leave with any other person or car pool without written permission from the responsible parent or guardian. In case of a sudden emergency or change, please phone 422-8775.

### Persons authorized to pick up child:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

List car pool, if applicable: \_\_\_\_\_

Parent/Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_