

AVENUE PRESCHOOL
Medical and Social Information Form ~ 2020-2021 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: _____

If your child has an IEP (Individualized Education Plan), you must notify Avenue Preschool no later than September 1st and preferably within two weeks prior to the child's first day of preschool. A copy of the IEP must be provided to Avenue Preschool.

****Per Delaware Licensing Law, a copy of the child's immunization record must be on file in order for the child to attend.** For the protection of your child and others, it is required that your child be fully immunized against the following dangerous childhood diseases: polio, measles/mumps/rubella, hepatitisB, diphtheria/tetanus/pertussis. Also, for attendance in a preschool, it is a state requirement that all children must have the Hib vaccine, completed a blood-lead test, and a TB screening.

****In the event of a medical emergency, we will make every effort to contact the parents/guardians immediately. If the parents/guardians cannot be reached, we will contact your designated back-up. If we are unable to reach anyone on this form, we will contact the physician indicated above and/or make arrangements to seek help at the Bayhealth-Milford Memorial Hospital Emergency Room.**

Social History

Brothers and sisters:

Name _____ Age _____ Grade _____
Name _____ Age _____ Grade _____
Name _____ Age _____ Grade _____

Other members of the household:

Name _____ Relationship _____

Primary language in the household: _____

If more than one language is spoken, what other language is your child exposed to: _____

Has your child been cared for by anyone other than the parents (babysitter, grandparent, friends)?

Yes _____ No _____ By Whom? _____

Daytime caregiver (if applicable) _____ Phone _____

Has your child had group play experience? Yes _____ No _____

Describe group play experience (i.e. friends' houses, Sunday School, music class) _____

Favorite play activities _____

Does your child have a pet (s)? Yes _____ No _____ If yes, name of pet (s) _____

Does your child need help in: dressing _____ undressing _____
 washing hands _____ eating _____ toileting _____

(All children who attend Avenue Preschool must be "toilet trained". Administrators and staff certainly realize that preschool-aged children will occasionally have "potty accidents." However, Avenue Preschool is not licensed to provide diaper-changing services nor do we have the necessary supplies and equipment. Parents/caregivers must take this policy into consideration as they contemplate enrolling their child. If an enrolled child is having continual toileting accidents and is deemed to not be toilet trained, the parent/caregivers will be conferred with.)

Any other information that you feel we need to know: _____
