

**Camp Crayon**  
**2.6 Year Old Preschool Class**  
**Village of Antioch Parks & Recreation Department**  
[Student Information Form](#)

*Please take a few minutes to complete this form. The more information you can share, the better we can serve your child's needs.*

**Child's Full Name** \_\_\_\_\_ M \_\_\_\_\_ F \_\_\_\_\_ D.O.B. \_\_\_\_\_

Name Child Prefers/Nickname \_\_\_\_\_

Father/Guardian \_\_\_\_\_ Mother/Guardian \_\_\_\_\_

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

City, State, Zip \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Place of Work \_\_\_\_\_ Place of Work \_\_\_\_\_

Child lives with: Both Parents \_\_\_\_\_ Mother \_\_\_\_\_ Father \_\_\_\_\_ Guardian \_\_\_\_\_

**EMERGENCY CONTACTS (other than parents)**

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relation to Child \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relation to Child \_\_\_\_\_

**AUTHORIZED PICK UP PERSONS (other than parents)**

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relation to Child \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relation to Child \_\_\_\_\_

**ALLERGIES, FOOD RESTRICTONS, OTHER CONCERNS**

Does your child have any known health problems?

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List any medications currently being taken: \_\_\_\_\_

Does your child have any physical limitations? (i.e. vision, hearing, fine motor) explain: \_\_\_\_\_

\_\_\_\_\_

Speech: **Non-existent**- explain \_\_\_\_\_

**Coming along**- explain \_\_\_\_\_

**Well**- explain \_\_\_\_\_

Siblings (names and ages) \_\_\_\_\_

\_\_\_\_\_

Pets (types and names) \_\_\_\_\_

What activities/toys interest your child most? \_\_\_\_\_

\_\_\_\_\_

Please explain particular likes, dislikes or fears: \_\_\_\_\_

\_\_\_\_\_

Things that comfort your child: \_\_\_\_\_

**Does he/she naturally use:** Left hand      Right hand      Both hands      (circle one)

**Toileting:** Diapers      Pull ups and trying      Underwear and using bathroom      (circle one)

Is there any additional information about your child that would be helpful to the teachers? For example, any special circumstances, i.e. new baby, an adoption, recent death, one parent travels a lot – (these types of changes in a child's regular routine may impact a child's behavior).

\_\_\_\_\_

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