

CAMP CRAYON
4 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 _____ 4 yr AM____ 4 yr PM____ 4 yr T/TH____

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?

List any medications currently being taken: _____

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

Please describe any developmental (or other) concerns that you may have regarding your child: _____

Does your child have any previous preschool or daycare experience? _____

Siblings (names and ages) _____

Pets (types and names) _____

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)

Is there any additional information about your child that would be helpful to the Camp Crayon 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).

