



Hastings Community Education Early Childhood Programs Emergency Information

Child's Legal Name: _____ Gender: M ___ F ___ Birth Date: _____

Home Address: _____ Home Phone: _____

Parent(s)/Legal Guardian Names: _____ Work/Cell: _____

_____ Work/Cell: _____

Email: _____

Check which your child attends: ECFE _____ Preschool _____ Section _____

Child's Health Information:

Allergies: _____

*(If your child has a diagnosed allergy, you must provide a **health action plan signed by your doctor.**)*

Food/insect reactions or sensitivities: _____

Specific health condition that you want us to be aware of: _____

Current Medications: _____

In case of an emergency, your child would be transported to the nearest hospital unless otherwise specified. If so, write preference _____

Child Care Information:

Provider's Name: _____ Phone: _____

Provider's Address: _____ Days child attends: _____

List 2 people who live or work in Hastings who would be able to come and pick your child up or assist you immediately in the case of an emergency or illness:

1. Name: _____ Phone: _____

2. Name: _____ Phone: _____

(Written permission is required to release a child to anyone except their parents. See pick-up form.)

In the event of an emergency, I give my permission for myself or my child to be treated by a physician or hospital.

Signature of Parent/Legal Guardian

X _____

Date: _____

Please turn over and complete the other side of this form!

Help us get to know your child and family!

My child's nickname is: _____ Would you like us to use this nickname at school? _____

Siblings: (Names and ages please) _____ Age: _____

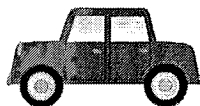
Siblings: (Names and ages please) _____ Age: _____

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Pets: _____

1. What activities does your child enjoy most?
2. What is the primary language you use at home?
3. If separated or divorces with which parent does your child live?
4. If parents are not living together, how would you like the teacher to communicate with each?
5. Parent(s)/Guardian Occupations _____
6. Please list other adults (and relationship to your child) living in your home: _____

Do you have anything you would like us to know about your child? (Preferences, favorite activities, behaviors, friendships, transitions, activity level etc.)



Preschool Families-

As a safety measure for your child, please list the names of the individuals that you give authorization to pick up your child from preschool. We will **NOT** release your child to a person that is not on this list. Please be sure to update your list if something changes, either an addition of a name or a name that may need to be deleted. Please note, if we are not familiar with the person, we may ask for identification. **If you there is a situation where you have to have someone pick-up your child that is not on this list, then you will need to communicate this prior to the pick-up, through a phone call, email or note needs to be given to the teacher.**

Child's Name _____

These are the names of the people that have my authorization to pick-up my child from preschool:

Name:	Phone # (Current one, that you can be reached)
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____

Parent/Guardian Signature _____ Date _____

Hastings Public Schools (ISD 200) - CENSUS FORM

PLEASE COMPLETE ALL APPLICABLE INFORMATION REQUESTED BELOW

Child's LEGAL Name (Last, First, Middle) _____

Date of Birth (MM/DD/YYYY) _____

- Ethnicity (optional): American Indian/Alaskan Native
 Check all that apply Asian
 Hispanic
 Black/African American
 Native Hawaiian/Pacific Islander
 White

Child's Primary Language: _____

Gender: Male Female

Parent/Guardian Information (who reside with child at address below - please provide LEGAL name)

 (Last, First, Middle) Date of Birth _____
 (MM/DD/YYYY)

Parent Step-Parent Guardian Foster-Parent Gender: Male Female

 (Last, First, Middle) Date of Birth _____
 (MM/DD/YYYY)

Parent Step-Parent Guardian Foster-Parent Gender: Male Female

Address: _____

Phone Number: _____

Email Address: _____

Other siblings who reside at the above address (please provide LEGAL name)

 (last, first, middle) Gender: Male Female
 (Date of Birth -MM/DD/YYYY)

 (last, first, middle) Gender: Male Female
 (Date of Birth - MM/DD/YYYY)

 (last, first, middle) Gender: Male Female
 (Date of Birth-MM/DD/YYYY)

 (last, first, middle) Gender: Male Female
 (Date of Birth-MM/DD/YYYY)

X _____
 Signature

 Date

Return completed form to:
 Hastings Public Schools, 1000 West 11th Street, Hastings, MN 55033