



# 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: \_\_\_\_\_ Relation to Child: \_\_\_\_\_ Phone: \_\_\_\_\_

2. Name: \_\_\_\_\_ Relation to Child: \_\_\_\_\_ 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!

What first and last name do you want your child to learn to recognize and write at school?

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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 divorced which parent does your child live?
4. If parents are not living together, how would you like the teacher to communicate with each parent?
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.)