



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 # ___ Has your child been screened? Y or N

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?

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.)