



# ROCHESTER CATHOLIC SCHOOLS PRESCHOOL & CHILDCARE

Please complete a new form each year

/   
month / year

## CHILD INFORMATION

NAME \_\_\_\_\_ BIRTHDATE \_\_\_\_\_

NAME YOUR CHILD WOULD LIKE TO BE CALLED AT SCHOOL: \_\_\_\_\_

GENDER  male  female

LANGUAGE(S) SPOKEN IN THE HOME \_\_\_\_\_

IF YOUR CHILD LIVES IN MORE THAN ONE HOUSEHOLD, PLEASE DESCRIBE:

\_\_\_\_\_

My child has special learning, developmental, behavioral, health, dietary, or medical needs. **Please complete information on back.**

yes  no

## PARENT/GUARDIAN INFORMATION

**ADULT 1** \*primary contact

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

city \_\_\_\_\_ state \_\_\_\_\_ zip code \_\_\_\_\_

HOME # \_\_\_\_\_

CELL # \_\_\_\_\_

WORK # \_\_\_\_\_

EMAIL \_\_\_\_\_

RELATIONSHIP TO CHILD \_\_\_\_\_

\*Primary contact will be responsible for receiving program updates, scheduling, and billing communications.

ADULT 1 is authorized to pick child up from program.

**ADULT 2**  Check if address and home # are same as **ADULT 1**

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

city \_\_\_\_\_ state \_\_\_\_\_ zip code \_\_\_\_\_

HOME # \_\_\_\_\_

CELL # \_\_\_\_\_

WORK # \_\_\_\_\_

EMAIL \_\_\_\_\_

RELATIONSHIP TO CHILD \_\_\_\_\_

Check box if **ADULT 2** would also like to receive communications.

Check box to authorize **ADULT 2** to pick child up from program.



## EMERGENCY CONTACT INFORMATION

IF PARENT CANNOT BE REACHED

### EMERGENCY CONTACT ADULT 1

Check box to authorize **ADULT 1** to pick child up from program.

NAME \_\_\_\_\_

\*ADDRESS \_\_\_\_\_

city state zip code

HOME # \_\_\_\_\_

CELL # \_\_\_\_\_

WORK # \_\_\_\_\_

RELATIONSHIP TO CHILD \_\_\_\_\_

### EMERGENCY CONTACT ADULT 2

Check box to authorize **ADULT 2** to pick child up from program.

NAME \_\_\_\_\_

\*ADDRESS \_\_\_\_\_

city state zip code

HOME # \_\_\_\_\_

CELL # \_\_\_\_\_

WORK # \_\_\_\_\_

RELATIONSHIP TO CHILD \_\_\_\_\_

\*ADDRESSES ARE REQUIRED for Emergency Contacts.

## AUTHORIZED/UNAUTHORIZED ADULTS

ADULTS MUST REPORT TO STAFF AND MAY BE ASKED TO PROVIDE DRIVER'S LICENSE IF UNKNOWN TO STAFF.

### ADDITIONAL INDIVIDUAL AUTHORIZED TO PICK CHILD UP FROM PROGRAM:

NAME \_\_\_\_\_

HOME # \_\_\_\_\_

CELL # \_\_\_\_\_

RELATIONSHIP TO CHILD \_\_\_\_\_

### ANY INDIVIDUAL UNAUTHORIZED TO PICK CHILD UP FROM PROGRAM:

NAME \_\_\_\_\_

RELATIONSHIP TO CHILD \_\_\_\_\_

ADDITIONAL INFORMATION \_\_\_\_\_

## ORDER OF CONTACT FOR ILL CHILD OR EMERGENCY

### WHO SHOULD BE CONTACTED FIRST IN AN EMERGENCY?

Numerically order the **best way to contact you**:

Cell phone \_\_\_\_\_ name relationship

Work phone \_\_\_\_\_ Employer \_\_\_\_\_

Home phone \_\_\_\_\_ **Special Notes:**

## SIBLINGS

### BROTHERS AND/OR SISTERS:

NAME(S)

AGE(S)

SCHOOL(S)/GRADE

# ALL ABOUT MY CHILD

PLEASE ATTACH ADDITIONAL PAPER IF NEEDED

Child's previous preschool or childcare experience:

Activities at which my child feels successful:

Activities which my child finds difficult:

My child is especially interested in:

My child is:

right-handed

left-handed

not sure

Socially my child is:

Describe your child's ability to care for his or her own toileting needs:

*\*Children must be toilet trained to attend **The Nest** program.*

Child's attitude about attending preschool (and/or childcare if applicable):

Activities your child is looking forward to while at preschool (and/or childcare if applicable):

My child will typically be brought to school by: \_\_\_\_\_

My child will typically be picked up from school by: \_\_\_\_\_

Additional information you would like to share (pets, extended family, etc. that will help us get to know your child):

**NAME OF STUDENT ENROLLED** \_\_\_\_\_

first

last

**PROGRAM AGREEMENTS**

yes    no

**PHOTO/MEDIA**

I give permission for RCS to use pictures that include my child for the purpose of community, educational, or promotional materials via memory books, school-wide broadcasts, or the RCS website. **Select "no" if you do not want your child included in these opportunities.**

yes    no

**PHOTO/CLASSROOM COMMUNICATIONS**

I give permission for my child to be photographed (or included in a video) for use by teacher for classroom communications only. Photos and video segments will **NOT** include the name of any child.

yes    no

**SUNSCREEN** \**childcare and summer care registrants ONLY*

I consent to the application of sunscreen on my child while attending the RCS childcare and/or summer programs. If your child has sensitive skin, please provide personal sunscreen labeled with child's first and last name.

yes    no

**WATER PLAY** \**summer care ONLY*

I consent to the participation of my child in light water play (buckets, sprinkler spray, etc.) while attending the RCS Summer Care Program. Please keep an extra set of dry clothes on hand at all times.

**ACCEPTANCE OF RESPONSIBILITIES**

yes    no

**SPECIAL NEEDS**

I understand that it is my responsibility to inform RCS of any special learning and/or developmental needs of my child along with any services currently being received.

yes    no

**CONTACT INFORMATION UPDATES**

I understand that it is my responsibility to inform RCS of any changes to child, parent/guardian, or emergency contact information.

yes    no

**PROGRAM TERMS/HANDBOOK**

I understand that I am enrolling my child in **THE NEST** Early Learning Academy with Rochester Catholic Schools. I have received and agree to abide by the program practices and procedures as outlined in the **PRESCHOOL & CHILDCARE HANDBOOK** (available on RCS website). I understand and agree to follow the guidelines set forth for attendance, ill child, toileting, behavior, billing, scheduling, cancellations, and penalties for late payment or child pick-up.

yes    no

**REQUIRED FORMS**

I understand that the following forms **MUST BE COMPLETE AND SUBMITTED** prior to my child's first day of program attendance: immunization record, health care summary, and this Preschool Information Packet.

**PLEASE SIGN BELOW TO ACKNOWLEDGE YOUR AGREEMENT AND ACCEPTANCE:**

\_\_\_\_\_  
(Primary Contact) Parent/Guardian Signature

\_\_\_\_\_  
Date