

I STUDENT INFORMATION

Student's Name: _____ Student's Birthdate: ____ / ____ / ____

Male: Female:

Address: _____ City: _____ State/ZIP: _____

Home Phone: _____ Email: _____

II PARENT/GUARDIAN INFORMATION

MOTHER

Mother or Guardian: _____ Occupation: _____

Employer: _____

Work Phone: _____ Cell Phone: _____

FATHER

Father or Guardian: _____ Occupation: _____

Employer: _____

Work Phone: _____ Cell Phone: _____

III EMERGENCY CONTACT INFORMATION

Name: _____ Phone: _____

Address: _____ Relationship: _____

Name: _____ Phone: _____

Address: _____ Relationship: _____

IV STUDENT MEDICAL INFORMATION

Physician's Name: _____ Phone: _____

Address: _____ City: _____ State/ZIP: _____

Hospital Name: _____

Hospital Address: _____ Phone: _____

Insurance Company _____ Phone _____

Subscriber Name _____ Policy Number _____ Group Number _____

Please check all conditions that apply and provide a brief explanation below:

- | | | |
|--|--|---|
| <input type="radio"/> Seasonal Allergies | <input type="radio"/> Allergic to Insect Bites (specify _____) | <input type="radio"/> Asthma |
| <input type="radio"/> Epilepsy/Convulsions | <input type="radio"/> Diabetes | <input type="radio"/> Physical Limitations |
| <input type="radio"/> Frequent Headaches | <input type="radio"/> Hearing Impairments | <input type="radio"/> Visual Impairments |
| <input type="radio"/> Hepatitis | <input type="radio"/> Emotional Problems | <input type="radio"/> Drug Allergies |
| <input type="radio"/> Food Allergies | <input type="radio"/> Heart Murmur | <input type="radio"/> Other (<i>please explain</i>) |

List any drug allergies: _____

List food allergies: _____

Prescriptions taken regularly: _____

Has the student received tutoring for learning differences, hearing or speech: Yes No

If yes, please explain: _____

V MEDICAL AUTHORIZATION

I hereby grant to Lamb School permission to take whatever action in its best judgment that may be necessary in supplying emergency medical services to my child, _____. I understand that, consistent with the circumstances of the situation and available time, Lamb School will make its best efforts to contact me and follow the instructions of the parent or guardian, physician, or other person(s) designated by me below.

In the event Lamb School is unable to contact the parent or guardian, physician, or other person(s), I hereby grant permission to Lamb School to contact and comply with the advice of an available physician, ambulance personnel or emergency room personnel. If I cannot be reached to make arrangements for emergency medical care for my child at the time of an illness or accident, I give Lamb School my permission to take my child (or children) to the hospital named above on this form.

Parent or Guardian

Date

VI LAMB SCHOOL MEDICAL FORM

_____ has been examined by a licensed physician within the last year and is able to participate at Lamb School.

Type of Vaccine	Mo/Day/Year	Mo/Day/Year	Mo/Day/Year	Mo/Day/Year	Mo/Day/Year
Diphtheria, Tetanus, Pertussis, (DTP)					
Diphtheria, Tetanus (DT)					
Oral Polio Vaccine (OPV)					
Measles, Mumps, Rubella (MMR)					
Hemophilus Influenza b (HIB)					
Hepatitis B (HBV)					
Chicken Pox					
Hep A					
Pneumococcal					

I certify that the immunizations documented above have been verified through careful review of a record, or records, issued by health care providers.

*Physician's Signature: _____ Date: _____

Parent or Guardian Signature: _____ Date: _____

****If vaccination record is attached, a doctor's signature is still required on this form.***

VII CONFIDENTIAL STUDENT FORM

Student's Name: _____

Student's Parents: Married Separated Divorced

If parents are separated or divorced, please list parent who is to receive school communications:

Mother Father

Siblings

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Does anyone outside the immediate family live in the home? Yes No

Relationship to child: _____

Has your child been in a preschool program before? Yes No

Where? _____ How long? _____

What languages, other than English, are spoken at home? _____

Does your child understand English? Yes No

Do you have an outside caregiver that helps with your child? Yes No

If yes, how often? Sometimes Always

What makes your child angry or upset? _____

What do you find is the best way to "soothe" your child during a difficult situation? _____

How does your child respond to correction? _____

Is your child able to verbalize his/her feelings? Yes No

Restroom habits: _____

Does your child have an opportunity to play with peers? Yes No

If yes, give ages of playmates: _____

What are your child's favorite toys and activities at home? _____

How would you describe your child's personality? _____

Has there been a situation or crisis that might have affected your child? Yes No

If yes, describe: _____

Allergies/Medical Concerns: _____

Additional information that may be helpful in meeting the needs of your child: _____

VIII GENERAL AUTHORIZATIONS

I, _____ hereby grant Lamb School permission for my child/student to take part in the following:

Check all that apply:

Photographed or Videotaped: Grant Do Not Grant

Directory Release: Grant Do Not Grant

I acknowledge that I have been provided with a copy of the Lamb School parent handbook with general information and policies.

Signature of Parent or Guardian: _____

Date: _____

I affirm that the information in the Lamb School enrollment packet is correct and valid to the best of my knowledge.

Signature of Parent or Guardian: _____

Date: _____

State of: _____ **County of:** _____

This instrument was acknowledged before me on the _____ day of _____

20____ by: _____

Signature of Officer: _____

Title of Officer: _____

My Commission Expires: _____

How did you hear about Lamb School?

- Web Site
- Referral
- Drive-by
- Friend
- Other (please list) _____