



CONKLIN PRESCHOOL

PO Box 112
Conklin, NY 13748
Phone 775-0511

FAMILY AND SOCIAL HISTORY

Child's Name _____ Birthdate _____

Address _____ Home
Phone _____

Mother _____ Work
Phone _____
Employer _____ Cell Phone

Father _____ Work
Phone _____
Employer _____ Cell Phone

Family Status: Married _____ Separated _____ Single _____
Divorced _____

Child resides with: Mother & Father _____ Mother _____ Father _____ Other

If Child is Adopted: Age adopted _____ Does he/she
know _____

Other members of the household: (Include ages for siblings)

Name _____ Relationship _____
Age _____

Name _____ Relationship _____
Age _____

Name _____ Relationship _____
Age _____

Name _____ Relationship _____
Age _____

Name _____ Relationship _____
Age _____

If both parents are away from home during the day, please state childcare arrangements:

Does your child have playmates nearby? _____

Special things your child enjoys doing: _____

HEALTH HISTORY

Type of Birth _____ Was the child preterm? _____
Does your child have a history of the following:

Frequent colds	_____	Frequent Diarrhea	_____	Asthma
Ear Infections	_____	Stomach Aches	_____	Seizures
Urinary Infections	_____	Nosebleeds	_____	Headaches

Please indicate what brings on the above conditions if you know: _____

What illness has your child had? At what age?

Chicken Pox	_____	Hepatitis	_____	Mumps	_____	Measles
Scarlet Fever	_____	Measles	_____	Diabetes	_____	
Does your child vomit easily?	_____	Run high fevers	_____			

Has your child had any serious accidents? If so, please explain

Does your child have allergies? _____ If so, how are they manifested?

Asthma _____ Hay Fever _____ Hives _____ Other _____

What causes the allergy?

Does your child have any food allergies? _____

Does your child receive any medication regularly?

Any concerns in the areas of Speech _____ Physical _____ Hearing

Is your child covered by health insurance?

If so, what company? _____ Insurance #

Are there any other problems we should be aware of?

What method of behavior control is used in your home?

Describe your child's personality.

What are your objectives for sending your child to preschool?

PERMISSION TO PARTICIPATE

I hereby grant permission for my child to use the play equipment and participate in the activities of the school, and to leave the school premises under the supervision of a staff member for a walk or field trip.

Parent or legal Guardian Parent or Legal Guardian Date

PERMISSION FOR PHOTOGRAPHS OR VIDEOTAPES

I understand that photographs and videotapes are often taken of the children by the staff, other parents, and the newspapers. I give my permission for my child's photo or tape to be used for public relations purposes.

YES _____ NO _____

EMERGENCY INFORMATION

I grant permission for the Director or Acting Director to take whatever steps may be necessary to obtain emergency medical care. These steps may include but are not limited to the following:

1. A call will be placed to 911

2. Notify parent
3. If unable to reach parents these friends or relatives may be contacted (List phone numbers where they can be reached during the day)

Name _____ Phone _____
Relationship _____

Name _____ Phone _____
Relationship _____

Child's Physician _____
Phone _____

Medication taken on a regular
basis _____

Hospital Preference in an Emergency

Child's Dentist _____
Phone _____

I, _____ pursuant to the authority vested in me as parent
or guardian of
(Name)

_____ do hereby authorize the staff of the Conklin
Preschool to
(Child's Name)

exercise for me on my behalf all my rights and duties with reference to consenting to appropriate
medical, and surgical treatment, anesthetics, medicines and hospitalization necessary for the
emergency treatment of my son/daughter.

(Mother or Legal Guardian) (Father or Legal Guardian)

Please indicate your class choice:

1st. Choice _____

2nd Choice _____



To avoid delay in processing your application
be sure to include your registration fee. **Thank
You.**

Please have this form completed by your child's
Physician, a Physicians Assistant or Nurse
Practitioner before the start of school. Then
mail it to:

CONKLIN PRESCHOOL
PO BOX 112
CONKLIN, NY 13748

_____, whose date of birth is _____, has been enrolled in the Conklin Preschool. Classes meet one or two times per week, in groups from twelve to sixteen children, under the supervision of a teacher and an assistant. The daily program involves vigorous and quiet indoor and outdoor play, including the use of climbing equipment.

Does the child require special attention, medication or routines or have any physical condition that may have to be taken into consideration in planning for the child's time at school?

IMMUNIZATION RECORD

Diphtheria	_____	_____	_____	_____
	1st	2nd	3rd	Booster
Polio	_____	_____	_____	_____
	1st	2nd	3rd	Booster
MMR	_____	_____	Varicella _____	_____
Hep B	_____	_____	_____	_____
	1st	2nd	3rd	4th
HIB	_____	_____	_____	_____
	1st	2nd	3rd	4th

List any illness the child may have or has had

Scarlet Fever _____ Diabetes _____ Mumps _____ Measles _____

Hepatitis _____ Other _____

I have examined the above named child and find him/her to be free from contagious and communicable disease and in good general health. This child is receiving health care, including appropriate health examinations in accordance with the American Academy of Pediatrics.

Signature of Physician, Physicians Assistant or Nurse Practitioner

Date