



PALATINE PARK DISTRICT

PRESCHOOL STUDENT PROFILE & PICK-UP AUTHORIZATION

Child's Name: _____ Date: _____

Date of Birth: _____ Sex: Male Female

What name would you like us to use at school? _____

Home Address: _____ Phone: _____

(street) (city) (state) (zip)

Parent #1: _____ Cell Phone: _____

Occupation: _____ Work Phone: _____

Parent #2: _____ Cell Phone: _____

Occupation: _____ Work Phone: _____

Parents are: Together Separated Divorced Widowed

EMERGENCY CONTACTS (Besides parents who are also authorized to pick-up child)

Name: _____ Phone: _____

Full Address: _____
(street) (city) (state) (zip)

Name: _____ Phone: _____

Full Address: _____
(street) (city) (state) (zip)

Please let these people know that you listed them as a contact for your child. All fields are required for each contact.

OTHERS AUTHORIZED TO PICK UP CHILD

Name: _____ Phone: _____

Full Address: _____
(street) (city) (state) (zip)

Name: _____ Phone: _____

Full Address: _____
(street) (city) (state) (zip)

Please let these people know that you listed them as a contact for your child. All fields are required for each contact.

Other People Living in the Home:

Ongoing Medical Conditions or Special Needs:

Allergies or Food Sensivities:

Language(s) Spoken at Home:

What are your child's favorite activities or special interests?

What methods of guidance and discipline do you use most often?

How do you hope that preschool will benefit your child?

PARENT AUTHORIZATION

Person Completing This Form: _____

Relationship to Child: _____

Parent Signature: _____ Date: _____