Child's Health and Social Resume

Name: _____ M / F
(last) (first) (middle)

Address: _____

City _____ PostalCode: _____

Date of Birth: _____ Child is 3 by August 31 _____ Yes/No
(year) (month) (day)

Age: _____

Family Church Affiliation (if any): _____

Any language other than English used at home: _____

Father Name: _____

Mother Name: _____

PRIMARY CONTACT INFORMATION

Name: _____ Relationship to child _____

Address: _____

Main contact #: _____ Alternate contact #: _____

Email Address: _____

SECONDARY CONTACT INFORMATION

Name : _____ Relationship to child _____

Address: _____

Main contact #: _____ Alternate contact #: _____

Email Address: _____

CHILD BACKGROUND INFORMATION

Marital status of parents: _____

Are both parents listed authorized to remove the child(ren) from pre-school?

_____Yes _____No

Custody/visiting arrangements: _____

Is your child toilet trained? _____Yes _____ No

Has your child had a hearing assessment _____Yes _____No

Has your child had a vision test _____Yes _____No
If not, please arrange for a vision test this year. It is free with your SK healthcard

Does your child have any special fears/anxieties/concerns?
_____

_____

Does your child have any health problems that we should be aware of?
_____

_____

Does your child have any special needs or require assistance with hearing, vision, speech, emotional or physical development?
_____

_____

Does your child have any allergies?
If so, please describe reaction and treatment
_____

_____

Does your child take any regular medication? _____

AUTHORIZED PERMISSION TO PICK UP

Provide the name(s) of any other authorized person(s) who have permission to pick up your child(ren) after pre-school:

Name: _____ Relation: _____

Phone #_____

Name: _____ Relation: _____

Phone #_____

ALTERNATE IN CASE OF EMERGENCY

Name: _____ Relation: _____

Daytime Phone # _____

Siblings and ages _____

Your Child's Health Card #_____