



Child's Health and Social Resume

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

Address: _____

City _____ Postal Code: _____

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 FAMILY CONTACT INFORMATION

Name: _____ Relationship to child _____

Address: _____

Main contact #: _____ Alternate contact #: _____

Email Address: _____

SECONDARY FAMILY 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 _____