

Kids Rock Preschool Forms for Parents

Please fill out, sign, date and return all forms to Kids Rock Preschool by email or hard copy. Please send your \$50 deposit by check or credit card (no cash please).

Handbook Received Form

I have received, read and understand the Kids Rock Preschool Parent Handbook.

Signature _____ Date _____

Kids Rock Preschool Photo Release

Kids Rock Preschool has my permission to take photos of my child _____ and use my child's photo in the following situations:

(check all that apply)

_____ Bulletin Boards in school

_____ Newspaper

_____ Church newsletter

_____ Social Media sites

_____ Slideshows at preschool

(no names will be used)

_____ Videos

Signature _____ Date _____

Volunteer Form

We love our parents and encourage them to participate in their child's education. If you have the desire to share your time and talents with our class, please feel free to check all that apply. Please submit a copy of your clearances along with this form. Thank you!

Child's Name _____

Parent Volunteer Name _____

Home Phone _____ Cell Phone _____

_____ Help or plan our holiday events

_____ Read a story

_____ Share a hobby or occupation

_____ Prep classroom learning materials at home

_____ Provide materials for special projects

Walking Field Trips

My child has permission to participate in walking field trips.

Signature _____ Date _____

Family Contact Form

Child's Full Name _____

Birthdate _____

Child's Address _____

Home Phone _____

Allergies _____

Other important health information _____

Permission to administer minor first aid (circle one): Yes No

Signature _____

Daily medications currently being administered

Anything else you'd like us to know about your child _____

**Please attach a copy your child's immunization records.*

**Please attach a copy of any court orders that are in place that are applicable.*

Name of Father _____

Address (if different than child) _____

Name & Address of Employer _____

Work Phone _____

Home Phone _____

Cell Phone _____

Email Address _____

Name of Mother _____

Address (if different than child) _____

Name & Address of Employer _____

Work Phone _____

Home Phone _____

Cell Phone _____

Email Address _____

Your Child's Siblings (names and ages)

Emergency Contacts *(should both parents be unreachable)*

Name _____

Relationship to family _____ Cell _____

Name _____

Relationship to family _____ Cell _____

Name _____

Relationship to family _____ Cell _____

Name of Physician _____

Physician's Phone Number _____

Health Insurance Company _____

Health Insurance Company Address _____

Health Insurance Phone Number _____

Home Church & Pastor _____

Specific people who may not pick up your child

Permission for:

_____ sharing information to future school for Kindergarten

_____ conducting assessments & screenings

_____ sharing of address & phone number with parents

Signature _____ Date _____