

Please provide a picture of your child.

Please supply a copy of vaccination record.

\*Children must be 4 years old and potty trained by March 2, 2010.

Preschool will run from March 1<sup>nd</sup> to May 28<sup>th</sup> 2010 on Monday, Wednesday & Friday from 9:30-11:50am

Email: Ms. Thayer [jthayer@chicopeek12.ma.us](mailto:jthayer@chicopeek12.ma.us) with any questions

\*You will receive a phone call to confirm your child is in the program. We can accept ten applicants.

Child's Name: \_\_\_\_\_  
Last First M.I.

Name used at home \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_ Date of birth \_\_\_\_\_

Address: Street: \_\_\_\_\_ Apt. # \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Mother/Guardian Name: \_\_\_\_\_  
Last First M.I.

o Street: \_\_\_\_\_ Apt. # \_\_\_\_\_

o City: \_\_\_\_\_ Zip: \_\_\_\_\_

o Telephone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Father/Guardian Name: \_\_\_\_\_  
Last First M.I.

o Street: \_\_\_\_\_ Apt. # \_\_\_\_\_

o City: \_\_\_\_\_ Zip: \_\_\_\_\_

o Telephone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Other people living in the home	Relationship	Sex	Age (siblings)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Emergency Contact	Phone	Cell	Relationship
1. _____	_____	_____	_____
2. _____	_____	_____	_____

**HEALTH**

Child's Pediatrician \_\_\_\_\_ Pediatrician's Phone \_\_\_\_\_

Address: \_\_\_\_\_

Any known allergies:

Special Diet:

Health Conditions:

Regular Medication:

**SOCIAL**

How would you describe your child?

Any previous experience with other children?

Favorite toys and activities

Favorite songs

How do you comfort your child?

Behavior management/discipline used at home

Is there anything else we should know about your child?

\_\_\_\_\_

Parent/Guardian Signature

\_\_\_\_\_

Date

## Pick up Authorization

Please provide names, phone numbers, and relationship of people who are authorized to pick up your child from preschool.

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

Any custody issues or restraining orders we should know about?

# Parent Release Form for Media Recording

I, the undersigned, do hereby grant or deny permission to Chicopee Comprehensive's Preschool to use the image of my child, \_\_\_\_\_, as marked by my selection(s) below. Such use includes the display, distribution, publication, transmission, or otherwise use of photographs, images, and/or video taken of my child for use in materials that include, but may not be limited to, printed materials such as brochures and newsletters, videos, and digital images such as those on the Chicopee Comprehensive's Preschool Web site.

- Deny permission to use my child's image at all.
- Grant permission to use my child's image in the following ways (mark all that apply):
  - Limited usage:** I want my child's image used within the Chicopee Comprehensive's Preschool setting only (not in the larger community).
  - Limited usage:** I want my child's image used for educational materials only (not marketing). This could be either within Chicopee Comprehensive's Preschool or in the larger community. One example of this could be videos in parent education classes.
  - Limited usage:** I want my child's image used on printed materials only (no digital or video use).
  - Unrestricted usage:** I give unrestricted permission for my child's image to be used in print, video, and digital media. I agree that these images may be used by Chicopee Comprehensive's Preschool for a variety of purposes and that these images may be used without further notifying me. I do understand that the child's last name will not be used in conjunction with any video or digital images.

Parent/guardian signature \_\_\_\_\_ Date \_\_\_\_\_

*If you have questions, contact Ms Thayer at [JThayer@Chicopee.k12.ma.us](mailto:JThayer@Chicopee.k12.ma.us).*