

Child Information Form

Jump Start to Kindergarten

Parent/Guardian Information

Information provided on this form will be used by Jump Start to Kindergarten staff to provide a safe and fun experience for your child. Jump Start to Kindergarten complies with state and federal privacy laws. Information gathered is shared with the staff in order to serve your child properly.

Child: Last name _____ First name _____
Birth date _____ Nickname _____ M _____ F _____

Family Information: Child lives in home with:

Both parents _____ Mother _____ Father _____ Step Parent _____ Guardian _____ Other _____

Parent/Guardian _____ Relationship _____

Address _____

Work Phone _____ Home Phone _____ Other Phone _____

Parent/Guardian _____ Relationship _____

Address _____

Work Phone _____ Home Phone _____ Other Phone _____

Siblings (names/ages) _____

It's up to you to make arrangements for proper care of your child when you are not available.

- Make arrangements for a relative, friend or neighbor to care for your child in their home if your child becomes ill or injured in school.
- Only the people listed below are authorized to pick up your child.

Authorized Pick Up/Emergency Contacts:

Name /relationship	Address	Phone
_____	_____	_____
_____	_____	_____
_____	_____	_____

Additional people authorized to pick up my child: If someone MAY NOT pick up your child from Jump Start to Kindergarten, notify your teacher.

Last Name, First Name

Last Name, First Name

Last Name, First Name

Last Name, First Name

Last Name, First Name

Last Name, First Name

Sometimes parents/guardians will call the site and verbally request a change to their child's schedule or pick up arrangements. For the safety of your child we ask you to provide us with a security code word that we can use to identify you as the parent/guardian: _____

OVER (complete back of form too)

Medical Information/Location of Health Records:

Family Doctor _____ Clinic name/Address _____ Phone _____

Hospital Preference _____ Insurance Carrier _____

Dentist _____ Phone _____ Insurance Carrier _____

Are there special medical concerns we should know about? Please check all of the following that apply to your child:

- has chronic condition takes medication has allergies Individual Health Plan
 receives special education services currently has a behavior plan in place IEP 504 Plan

Please explain all items checked and other concerns: _____

Child Information:

Language other than English spoken at home _____

Any additional information that may help us get acquainted with your child: _____

- When angry my child will usually _____
 When upset my child responds best to _____

Ethnic Group of Child:

_____ African American/Black _____ American Indian/Alaskan Native _____ Hispanic/Latino
_____ Asian/Pacific American _____ Multiracial _____ Caucasian
_____ Other _____

Please initial, sign and return:

_____ I understand I must enter the building and sign my child in and out on the attendance sheet each day they attend Jump Start to K.

_____ I give permission for my child to leave the school premises under proper supervision for neighborhood walks or field trips in an authorized vehicle (school bus/van).

_____ I give permission for my child to be included in pictures and publicity connected with the Jump Start to K program.

_____ I give permission for my child to apply sunscreen lotion and/or bug repellent under the direction of Jump Start to K staff. (Parent must provide sunscreen/bug repellent.)

_____ I understand it is my responsibility to read the **Family Handbook** in full and to follow the policies and procedures as outlined.

_____ My child receives special education services from the school district and I give permission for information about my child to be shared with Jump Start to K. (Information between school district programs and Jump Start to K is not shared except in the areas of health and safety).

In case of a minor medical emergency:

- The school will try to contact you at home or at work before anyone else.

In case of a major medical emergency or illness:

- We will call an ambulance immediately. The cost of the ambulance is your responsibility. School staff will give your name and the name of your clinic to the paramedics.
- We will contact you, the parent/guardian, or other emergency contact as soon as possible. If you cannot be reached, the school will call the doctor or clinic you authorize us to call.

I have read and understand the information stated above:

Parent/Guardian Signature

Date