

Any other important information you may wish to share with our staff may be included at the end of this application. You may wish to share your child's nickname, special eating habits, thumb sucking patterns, speech, hearing, or eyesight problems, special needs, fears, like and dislikes and any pertinent health information. No information is too small to share with us regarding helping your child adjust and feel comfortable in school.

**SNACKS and LUNCH:** Parents are asked to send their child to school with a snack if they are in the half day sessions and for full day sessions they should bring a snack and lunch from home to include beverage and any utensils needed for full day sessions.

**WHAT DO I NEED TO BRING?** Snacks, Lunch, and Sleeping Bag or Mat. If your child is going to take advantage of our After-School Program, you will need to pack an extra snack and drink.

\*\*\*\*\***MOST IMPORTANT**\*\*\*\*\*

Please list and explain **ALL** allergies to foods, medications, insect bites, bee stings, etc. Please add any procedures that are to be followed if your child becomes exposed to the allergic element. (For example: What would you like us to do if your child is allergic to bee stings and he/she is stung on the playground? Will you provide medication? Should we administer medication and/or call 911 immediately?)

Please inform us of the procedure you would like us to follow. Remember that any medication that we need to administer **MUST** be accompanied by a note from your child's physician with instructions for use.

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List the name and phone numbers of two persons we may reach in case of an emergency if neither parent can be reached:

Name: \_\_\_\_\_ Relationship to child \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Work #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to child \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Work #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Name, Address and Phone number of your child's current pediatrician:

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

Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date: \_\_\_\_\_