

**Little Pals Preschool and Daycare, LTD**  
121 Harriman Heights Road, Monroe NY 10950  
**Student Information Update**

Child's name: \_\_\_\_\_ Date: \_\_\_\_\_

Child's Date of Birth: \_\_\_\_\_ Child's Grade in September: \_\_\_\_\_

**A: PARENT/GUARDIAN CONTACT INFORMATION**

Parent 1: \_\_\_\_\_ Best #: \_\_\_\_\_

Mother     Father     Guardian    Alternate #: \_\_\_\_\_

Parent 2: \_\_\_\_\_ Best #: \_\_\_\_\_

Mother     Father     Guardian    Alternate #: \_\_\_\_\_

Mailing address \_\_\_\_\_

\_\_\_\_\_

Email address \_\_\_\_\_

**B. MEDICAL INFORMATION UPDATES**

1. Are immunization forms up-to-date:  yes     no    *(not required for children already attending Kindergarten and up)*  
If no, please submit updated forms. New York State requires that we have your child's most current immunization record on file.

2. Does your child have any health problems, physical limitations, or recent hospitalizations that we should be aware of?  
 Yes     No    If yes, please explain

3. Does your child have any allergies?  Yes     No . If yes, please explain.

4. Is your child on any medication regularly?  Yes     No    If Yes, please list below:

5. Is there anything else you would like us to know about your child? (Vision, hearing, eating problems, unusual abilities or disabilities):

**C. EMERGENCY CONTACT INFORMATON & AUTHORIZATION**

This authorizes Little Pals Preschool, Ltd. to secure medical care for my child in an emergency situation. I understand that in the event of an accident or illness every effort will be made to notify the parents at the numbers listed above, as soon as possible. However, if neither parent can be immediately contacted, Little Pals will use its best efforts to contact the emergency contact(s) listed.

Signature of Parent / Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**Emergency Contact**

1. Name : \_\_\_\_\_ Best phone #: \_\_\_\_\_

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

2. Name : \_\_\_\_\_ Best phone #: \_\_\_\_\_

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

**D. TRANSPORTATION AUTHORIZATION** *(A copy of the driver's license for those listed below must be on file)*

If I am unable to pick up my child at dismissal time, the person/persons listed below are authorized to do so:

Parent/Guardian's signature: \_\_\_\_\_ Date: \_\_\_\_\_

1. Name: \_\_\_\_\_ Relationship to child \_\_\_\_\_  
Telephone # : \_\_\_\_\_(cell) \_\_\_\_\_(alternate number)

2. Name: \_\_\_\_\_ Relationship to child \_\_\_\_\_  
Telephone # : \_\_\_\_\_(cell) \_\_\_\_\_(alternate number)

**E. PERMISSIONS / AUTHORIZATIONS**

**1. CLASS INFORMATION:** Little Pals, with your permission, will make information (student name and parent contact number) available to other families upon request to be used for birthdays, play dates, etc. Your child's name and your home number or best number as indicated on page 1 of this packet will be listed. Please indicate below if you **DO NOT want information to be available** or if you would like a different phone number or means of contact listed. If nothing is checked your contact information will be available, upon request, to other families in your child's class.

- I DO NOT want my contact information to be available to others in my child's class
- I DO want to be included, but use this alternate contact information: \_\_\_\_\_  
\_\_\_\_\_

**2. MEDIA/PHOTO RELEASE**

There are many times we take children's pictures and use them in the preschool environment. There are room displays, school projects, our website (littlepalsmonroe.com) and our public Facebook page. School visitors, such as our community helpers, enjoy taking pictures with the children, parents and teachers photograph the children at special events, and then there is just every day classroom fun.

Please indicate below your preferences for use of photos of your child that may be taken at Little Pals. With your permission our school administrator only will post student pictures on our Facebook page for the enjoyment of all our families. Note that parent's posts to our Facebook page must be approved by our administrator.

Please complete either A or B below, and sign and date

A: I give permission for Little Pals Preschool to take photographs and/or digital images of my child for use as checked below. My child's name and identity will not be revealed in descriptive text or commentary in connection with the images. I authorize the use of these images without compensation to me.

Pictures of my child can be used:

- On our public Facebook page
- On our website (littlepalspreschool.com)

- or -

B. I DO NOT give permission to Little Pals Preschool to use photographs or digital images of my child on our website or on the Little Pals Preschool Facebook page.

Parent/Guardian's signature: \_\_\_\_\_ Date: \_\_\_\_\_