

CHILDREN'S DAY SCHOOL OF WILTON
Student Emergency Information

Child's Name (first & last) _____
Preferred Name (nickname or name in school) _____
Home Address _____
Telephone _____ Cell Phone _____ E-mail _____
Town _____ Zip Code _____
Birth date _____
Mother's/Guardian's Name _____
Address (if different from child's) _____
Father's/ Guardian's Name _____
Address (if different from child's) _____
Mother's Occupation & Address of Employment _____

Business Phone _____
Father's Occupation & Address of Employment _____

Business Phone _____ Cell Phone _____

Sibling's Name(s) and Birthdate(s)

MEDICAL INFORMATION

Health Insurance Policy Name and Policy Number _____

Pediatrician's Name _____ Phone _____

Address _____

Dentist's Name _____ Phone _____

Address _____

Food Allergies _____ Epi Pen? _____

Medicinal Allergies _____

Other Restrictions _____

Other Medical Information or problem we would need to know about in a medical emergency, please state here: _____

EMERGENCY CONTACTS

The following people have my permission to pick up my child and remove from the school in case of illness or emergency. They are authorized to take whatever emergency measures judged necessary for the care and protection of my child.

NAME	PHONE	RELATIONSHIP
1. _____		
2. _____		
3. _____		

In accordance with the NACRRRA (Protecting Children in Child Care During Emergencies) we are asking for an out of town contact in the event of a national disaster and/or a lockdown and local lines are overloaded or a tower has been destroyed.

Name of contact: _____
Phone Number: _____

If an emergency need should arise, I hereby give my permission for the Children's Day School of Wilton Staff trained in First Aid to administer it, or to obtain care for my child from a licensed dentist or physician.

I also give my permission to CDSW for my child to be taken to Norwalk Hospital or another medical facility (requested by parents) by ambulance or police. A staff person will remain with my child until I can be contacted and can personally attend to the situation.

In the meantime, I authorize the administration of the CDSW to act on my behalf, relative to emergency medical treatment of my child.

Any additional notes pertaining to emergency info and/or contacts: _____

Parent/ Guardian Signature _____

Date _____

Student Information Form

1. Child's Name _____ Preferred Name in school _____ Birth Date _____
2. Is your child toilet trained? _____ Describe assistance needed and words used in toileting _____

3. Does your child have any particular fears?(the dark, loud noises, dogs, alarm sounds, etc.)

4. Does your child have any problems with vision or hearing? _____ If so, please explain. _____
5. Is your child's speech understandable? _____
6. Does your child have frequent colds? _____ Earaches? _____ Sore throats? _____
Fever? _____ Stomachaches? _____
7. Has your child had any serious operations or accidents? _____
8. Do you have any concerns about any aspect of your child's development at this time? _____
9. Do you have any discipline problems with your child? _____ Eating problems? _____
Sleeping problems? _____
10. Has your child gone to preschool ,daycare, or had any group experience with other children? _____ If yes, where and how often _____
11. Is your child receiving preschool services in your town? _____? If so, what type of continued support does your child need from CDSW? _____

12. Is any language other than English spoken in your home? If so, please describe _____
13. Do you have any special traditions pertaining to holidays at home that would be of special interest to the other children in the class? _____ Would you like to share them with the class? _____
14. Please list all family members living in the home at this time and their relationship to the child the child including ages of any siblings: _____

15. Do you or anyone else in your family have any talents or hobbies to share with the children in the class? _____
16. Briefly describe your child: _____

16. What do you hope will be included in your child's preschool program? _____

17. Please give us any other information that would assist the staff in making your child's transition to his/her new classroom an enjoyable one. _____

18. Please tell us when your child first began attending CDSW: (Month & year) _____
19. Because teachers communicate by e-mail, please give us your e-mail address _____

All information in this sheet will be kept confidential and is solely for the purpose of providing your child's teacher with as much information as early as possible. Kindly read the enclosed school guidelines sheet.

Please feel free to ask for a conference at any time during the school year.
Thank you for helping make your child's time at Children's Day School enjoyable !