



## PRE-KINDERGARTEN & EXTENDED DAY CENTER STUDENT INFORMATION FORM 2024-2025

Start Date: \_\_\_\_\_

Pre-Kindergarten School Day Hours: 8:30 a.m.-3:05 p.m.

Extended Day Session, 3:05-6:00 p.m. if applicable (check days attending): M T W TH F

Child's Name: \_\_\_\_\_ Male / Female

Last

First

Middle

Student's preferred name at school (nickname): \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

Street

City

State

Zip

Mother's Name: \_\_\_\_\_ Email: \_\_\_\_\_

Mother's Phone: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Mother's Address (if different than above): \_\_\_\_\_

Street

City

State

Zip

Father's Name: \_\_\_\_\_ Email: \_\_\_\_\_

Father's Phone: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Father's Address (if different than above): \_\_\_\_\_

Street

City

State

Zip

Please list any special instructions as to how you may be reached when your child is at school: \_\_\_\_\_

Child's Physician: **(must complete)** \_\_\_\_\_ Phone: \_\_\_\_\_

Child's Physician Address: \_\_\_\_\_

Street

City

State

Zip

Child's Dentist: **(must complete)** \_\_\_\_\_ Phone: \_\_\_\_\_

Child's Dentist Address: \_\_\_\_\_

Street

City

State

Zip

Please list 2 persons authorized to take your child from school if a parent/guardian cannot be reached in an emergency or when there is an injury requiring medical attention **(must complete 2)**.

1. \_\_\_\_\_  
Name Phone Street City State Zip

2. \_\_\_\_\_  
Name Phone Street City State Zip

Persons NOT authorized to take child from school: \_\_\_\_\_

Does your child have any dietary or medical needs under a doctor's care: (additional documentation may be needed): \_\_\_\_\_

FORM CONTINUED ON NEXT PAGE

As a legal guardian for my child, \_\_\_\_\_, I do hereby consent and authorize PROVIDENCE ACADEMY PRE-KINDERGARTEN and EXTENDED DAY to take any and all action, including use of medical services and hospital facilities as the program may deem appropriate in the event that my child should become ill or otherwise injured while under their care. Electronically signed and approved by:

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

I do hereby consent and authorize PROVIDENCE ACADEMY PRE-KINDERGARTEN and EXTENDED DAY to take my child on supervised neighborhood walks. Electronically signed and approved by:

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

### **Providence Academy Sunscreen/Bug Spray/Topical Ointment Consent**

Name of Child \_\_\_\_\_. I will provide a sunscreen stick labeled with my child's name and I will make every effort to apply sunscreen before my child arrives at school. Teachers may assist with opening the stick and the children will apply the sunscreen themselves with supervision.

\_\_\_\_\_ I do not know of any allergies my child may have to sunscreen, bug spray, or topical ointment.

\_\_\_\_\_ My child is allergic to some sunscreens, bug sprays, or topical ointments.

\_\_\_\_\_ For medical or other reasons, please do not apply topical ointments to my child's body.

Parent/Guardian's Name: \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

I/We agree to abide by the conditions set forth in this secondary registration contract. Electronically signed and approved by:

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date