CROSSROADS COMMUNITY PRESCHOOL

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Calgary, AB
Canada
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crossroadspreschool.ca

STUDENT INFORMATION FORM

CLASS:

Child's Name: ______ ______
Surname / Given Name (s)

Current Age: ______ Birth Date: ______
Day / Month / Year

Address: ______ City: ______

Postal Code: ______ Email Address: ______

Phone Number (home): ______ Phone Number (cell): ______

Languages Spoken at Home: ______

FAMILY INFORMATION

Siblings: ______ ______
Brothers / Sisters

Guardian's Name: ______

Address: ______ Phone #: ______

Employer: ______ Address: ______ Phone #: ______

Guardian's Name: ______

Address: ______ Phone #: ______

Employer: ______ Address: ______ Phone #: ______

EMERGENCY CONTACT	EMERGENCY CONTACT
Name:	Name:
Address:	Address:
Phone Number:	Phone Number:
Relationship with Child:	Relationship with the Child:

MEDICAL INFORMATION

Are there any medications taken on a regular basis?

Yes ◯ No ◯

Are there any medical or behavioral problems the Preschool Teacher should be aware of? If so, please provide details.

Allergies: ____________________

Dietary Restrictions: ____________________

Doctor's Name: ____________________ Phone Number ____________________

Address: ____________________

Alberta Health Care Number: ____________________

**** Please provide photocopy of Alberta Health Care Card ****

Hospitalization: __________ ____________________

Date Diagnosis

Public Health Clinic Attended for Vaccinations ____________________

**** Please provide photocopy of vaccination record ****

Childhood Illnesses (please mark in date if child has had any of the following)

☐ Measels	☐ Bronchitis	☐ Rubella	☐ Chicken Pox
☐ Head Injury	☐ Fracture	☐ Whooping Cough	☐ Accidental Poisoning
☐ Mumps	☐ Ear Infection	☐ Convulsions	

Other (please specify) ____________________

Date: __________ Guardian Signature: ____________________