



Delaware Valley Career Tech
Preschool Program
2021-2022
AM or PM



Choose Class Preference - AM 9:00-11:15 or PM 12:00-2:15

INFORMATION ABOUT YOUR CHILD

Child's Name: _____

Parent/Guardian Name: _____

Address: _____

Phone (Home): _____ (Cell): _____

(Work): _____

Child's Birth Date: _____ Age as of September 1, 2021: _____ Sex: _____

Emergency Contact if Parent/Guardian Unavailable:

Name: _____ Relationship: _____

Phone (Home): _____ (Cell): _____

Other person(s) authorized to take child from preschool:

Name: _____ Relationship: _____

Name: _____ Relationship: _____

MEDICAL INFORMATION

Child's Physician: _____

Physician Phone Number: _____

Health Insurance Carrier: _____

Policy Number: _____

Is your child **allergic to anything**, such as foods, medications, plants, and insects?



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Daily medications taken (other than vitamins): _____

Special medical conditions or concerns:

Date of child's last physical examination: _____ (must be within 12 months of attending preschool)

CUSTODY

Any document issued by the court, such as a "no contact order" or "joint custody order" needs to be on file with us.

If your child does not live with both parents in one household, please answer the following:

Are parents separated: _____ Divorced: _____ Deceased: _____

With which parent will the child be living while attending school? _____

DEVELOPMENT HISTORY OF CHILD:

Is your child right or left handed? _____

Does child dress self? _____ Undress self? _____

Is your child toilet trained? _____

Word child uses for urination? _____ Bowel movements _____

Does your child have any imaginary playmates? _____

Does your child have any special fears that you are aware of? _____

Does your child have any speech problems? _____