



St. Stephen's Preschool Ministry 2021-22 Registration Form

119 N. Church Street
Lexington, SC 29072
(803) 359-4369
beth@sslc.org

Full name of student _____
(first) (middle) (last)

Name child is called by _____

Street address _____

City _____ Zip code _____

Home Phone# _____ Child's birth date _____ Sex of child _____

Do you wish to receive text messages for emergency situations/important reminders? If so, please fill in the next line.
Texting phone number _____ Name of phone carrier service _____

Parent/Guardian Name _____

Employer _____ Business phone _____ cell phone _____

Preferred email address _____

Parent/Guardiian Name _____

Employer _____ Business phone _____ cell phone _____

Preferred email address _____

Persons to whom we may release your child (OTHER THAN PARENTS)

Name _____ relationship to child _____
Address _____
Phone# _____ Cell phone# _____

Name _____ relationship to child _____
Address _____
Phone # _____ Cell phone# _____

Name _____ relationship to child _____
Address _____
Phone # _____ Cell phone# _____

If parents cannot be reached in case of an emergency, please call:

Name _____ Relationship _____
Home Phone# _____ Cell phone# _____

Name _____ Relationship _____
Home Phone# _____ Cell phone# _____

Medical Information

Physician's Name _____

Address _____

Phone# _____

Preferred hospital _____

Special Medical Emergency Instructions:

In a medical emergency, do we have your permission to take your child to Lexington Medical Center for treatment, or to call your family doctor or other doctor and will you be responsible for the expenses involved?

_____ yes _____ no

Signature _____

Date _____

Health History – Please check and explain in the area provided:

Food allergies

Please list: _____

Does child have an EPI pen? Yes or no If yes, parent will need to supply a pen to be kept in the preschool classroom under lock and key.

Asthma _____

Chicken Pox _____

Frequent ear infections _____

Diabetes _____

Frequent stomach aches _____

Epilepsy _____

Frequent headaches _____

Hyperactivity _____

Other _____, please explain

*Do you give permission to give your child Benadryl if needed in an emergency? Yes or no

If yes, what dosage? _____

	<u>YES</u>	<u>NO</u>
Is emergency treatment needed for insect bites?	_____	_____
Please describe treatment:		

Does child have special medical problems?	_____	_____
Please explain:		

Does child have any serious illnesses?	_____	_____
Please explain:		

Other:

Does your child cry easily? _____

Does your child have unusual fears? _____

Please describe:

Does your child have separation anxiety? _____

Is your child shy? _____

Does your child have tantrums? _____

Does your child bite others? _____

Can your child manage clothes and bathroom needs? _____

Parents relationship _____ married _____ divorced _____ separated _____ widowed _____ other

Religious Denomination

Does family have a home church? _____ If so, name of church _____

Please give any special instructions which you feel may help the Preschool Staff work well with your child. Add an additional page if needed.