

St. Albert the Great Preschool Checklist

2023-2024

- _____ Current Immunization form (Must Have 2 Hepatitis A shots)
- _____ Current Eye Exam (must be completed before school begins)
- _____ Permission for Health Care
- _____ Medical Form
- _____ Consent for Medical Treatment Form
- _____ Field Trip Permission Form
- _____ Sunscreen Form
- _____ Hand lotion Form
- _____ Tardy walking permission form
- _____ Student Questionnaire
- _____ Photo Release Form
- _____ St. Albert Preschool Handbook Form (last page signature)
- _____ Carpool Authorization Form
- _____ Animal Release Form

St. Albert the Great Preschool

Student Questionnaire (PLEASE Print) (all information is confidential)

Name _____ DOB _____ ID# _____
Address _____ Zip _____

Parents:

Dad _____ Cell# _____

E-mail address _____

Mom _____ Cell# _____

E-mail address _____

Siblings:

Name _____ Age _____ Name _____ Age _____

Name _____ Age _____ Name _____ Age _____

Grandparents:

Names _____ Live Locally _____ Out-of-town _____

General Information:

Favorite play things _____

Least favorite play things _____

Outdoor play - # hrs/day _____ Alone/with others _____ Sports _____

TV time # hrs/day _____ Video-game time - # hrs/day _____ Chores _____

Musical instruments in home _____ Who plays _____

Typical: Wake-up time _____ Bedtime _____ Naps _____

General/specific fears _____ How to soothe _____

Foods: Favorite _____ Least favorite _____

Allergies to foods _____ Food Restrictions _____

Other allergies _____ Medication _____

Previous preschool/education: _____

You want us to know:

Personality _____

Behavior _____

Comments:

Enrollment Date: _____ (filled out by school staff)

Permission for Health Care

Child's Name _____ Birthday _____ Date _____

Child's Physician _____ Phone # _____

Address _____

Child's Dentist _____ Phone # _____

Address _____

Authorized Adults

In the event of an emergency, please indicate your name and phone numbers where you and your authorized person can be reached.

Father's Name _____

Home # _____ Work# _____ Cell# _____

Mother's Name _____

Home# _____ Work# _____ Cell# _____

Another authorized person _____ Phone# _____

First Aid

In the event of an emergency, I authorize the staff to provide any first aid care deemed necessary for my child.

Signature Date

Emergency Care

In the event of an emergency in which I cannot be reached, the physician listed above and the local hospital are hereby authorized to provide any emergency care deemed necessary for my child.

Signature Date

Health Record Transfer

In the event of an emergency, I hereby authorize the transfer of my child's health record to the local hospital.

Signature Date

Walking from Main School to Preschool Permission Form

If your child is tardy, you must report to the main school office. This signed permission slip allows an office, administrative, or other St. Albert staff member to walk your child from the main school office to the preschool classroom.

I, _____, give permission for my child, _____, to walk with an office/administration/or other St. Albert staff member from the main school office to the preschool classroom.

Parent signature

Date

St. Albert the Great Preschool

Permission to Apply Sunscreen

I give the staff at St. Albert the Great Preschool permission to apply spray sunscreen to the body and stick sunscreen to the face of my child, _____. These items will be labeled with their name and applied during the months of August/September/April/May if we are outside more than 15 minutes. All sunscreens will be kept in a secure location during the school year. Expired products will not be used.

Parent Name (please print) _____ Date _____

Parent Signature _____

Field Trip Permission

I give permission for my child, _____, to move from the Preschool classrooms to the main building for either music, library, cafeteria, to the gym, to church on a regular basis or as scheduled, to the track, to the basement of Hendrick's Hall, Sacred Heart Building, Parish Life Center, to the large school building or to walk around the buildings. I understand that he/she will move with the Preschool staff, as required by licensing, and remain with the class at all times. This is to include our special classes in our curriculum so the children receive an enriched education in our Preschool program.

If an off-campus field trip is scheduled, I understand that I will receive information prior to the trip so I will sign a separate form for each trip.

Parent Name (please print) _____ Date _____

Parent Signature _____

Hand Lotion /Chapstick Permission

I give permission for my child, _____, to use hand lotion and/or chapstick from the months of December - March. I understand that the lotion will be put on my child's hands and they will have to rub it in. They will also apply their own chapstick. Lotion and/or chapstick will be given out before nap time only. All items will be labeled with their names and kept in a secure location. Expired products will not be used.

Parent Name (please print) _____ Date _____

Parent Signature _____

Child Care Animal Consent Form

School Name: St. Albert the Great Preschool

School Address: 1395 Girard Avenue

Child's Name: _____ DOB _____

I, _____, give my permission for my child, _____, to be in the presence of the animals listed below.

Animals:

1. Caterpillars
2. Butterflies
3. Praying Mantis
4. Louisville Zoo Docents: (animals typically include snakes, owls, lizards, rabbits) The children are allowed to touch under the supervision of the Zoo Docents and teachers.
5. Ants
6. Fish
7. Dogs
8. Other: _____

I would prefer my child not to touch the animals _____

Name of Parent/Guardian: _____ Date: _____

Signature of Parent/Guardian: _____

Photo, Video, Website Release

Family Name: _____

Student First Name: _____

Pictures and/or videos are taken often by our Director of Development, Janelle Richardsong for the following reasons, but not limited to: St. Albert social media account posts, parent meeting presentations, yearbook, marketing materials, website, publications such as The Record or Archdiocese Facebook posts, etc.

Teachers also take pictures/videos for weekly newsletters and our Preschool Website.

St. Albert the Great School has permission to use my child's name, photograph, and/or videotaped images in publications, video productions, and/or school Internet Website.

I do further certify that I am of full legal capacity to execute the foregoing authorization and release.

_____ I give permission

_____ I DO NOT give permission

Parent/Guardian Signature: _____

Date: _____

ST. ALBERT THE GREAT PRESCHOOL

CARPOOL AUTHORIZATION FORM

Please list all adults (with first and last name) that may pick up your child, including you as the parent(s)

Child's Name _____

Person Filling out Form _____

Relationship to Child _____

After school my child will:

_____ Go to Preschool After School Care _____ days per week

_____ Go to carpool _____ days per week

My child may be picked up by any of the following people:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Signature _____ Date _____

Best phone number to reach at pick up time: _____

*Preschool Students **ARE NOT** allowed to walk home with older students or siblings. Older siblings **ARE NOT** allowed to pick up preschool students. Anyone listed above that the staff does not know will need to provide a photo ID.