

West Linn Community Preschool

Student Information

West Linn Community Preschool is committed to equity and inclusion for our families and community. Our school community is dedicated to educating our youngest learners about being anti-racist and honoring the richness of our diversity.

Student Name _____ Birthdate _____ Age _____ Gender _____

Address _____ City _____ Zip _____

Home Phone _____

Primary Family Member #1 _____

Cell Phone/Work Phone _____ e-mail _____

Primary Family Member #2 _____

Cell Phone/Work Phone _____ e-mail _____

Siblings of child (name, age, gender): _____

Household Members (list names and relationships): _____

Physician _____ Phone _____

List any drug allergies: _____

List any food allergies: _____

Person to call in medical emergency if parents cannot be reached:

Name _____ Phone _____ Relationship _____

The following person(s) have permission to pick my child up from school:

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

IN EXTREME EMERGENCY, WHEN A PRIMARY FAMILY MEMBER CANNOT BE REACHED, THE TEACHER IS AUTHORIZED TO ACT IN CASE OF ILLNESS OR ACCIDENT INVOLVING MY CHILD.

Family/Guardian Signature

Date

Family/Guardian Signature

Date

Please tell us a little more about your child/family. All responses are held in the strictest confidence and no individual responses will be shared.

1. ***Optional*** Which of these is closest to describing your race and ethnicity? (choose all that apply)
- American Indian or Alaska Native - American Indian
 - Asian – Asian American
 - Black or African American
 - Hispanic or Latino/a/x – Mexican
 - Native Hawaiian or Pacific Islander
 - Native Hawaiian or Pacific Islander - Other Pacific Islander
 - Middle Eastern or Northern African
 - White - Western European
 - Unknown/Don't know
 - Not shown (please specify) _____

2. List any special concerns regarding your child (toilet training, speech, fears, recent illness, family divorce, or death, etc.):

3. List any family talents which may be utilized in the classroom (art, music, science, tech, etc.)

- _____
- _____
- _____

4. What goals or hopes do you have for your child this year?

5. Do you have any questions, comments or concerns? Or is there anything else you would like me to know about your child's learning style, interests, talents, etc.?

THANK YOU!