Sunset Christian Preschool

RETURNING CHILD: UPDATE FORM

*Only changes need to be completed

STUDENT INFORMATION

Student's Name Last	First	Middle	Gender	Date of Birth	Start Date	Exit Date

Street Address	City	State	Zip

How did you hear about SCP?

PARENT/GUARDIAN INFORMATION

Parent/Guardian Name Last	First	Middle	Relationship to Student:

Street Address	City	State	Zip

Home Phone	Cell Phone	Work Phone	Email

Employer	Employer Address	City	State	Zip

Parent/Guardian Name Last	First	Middle	Relationship to Student:

Street Address	City	State	Zip

Home Phone	Cell Phone	Work Phone	Email

Employer	Employer Address	City	State	Zip

EMERGENCY CONTACTS

The emergency contacts are always authorized for pick-up of child in case of emergency. (ID required for pickup)

Name	Address	Phone Numbers
Full Name: Relationship:		Home: Cell: Work:
Full Name: Relationship:		Home: Cell: Work:
Full Name: Relationship:		Home: Cell: Work:
Full Name: Relationship:		Home: Cell: Work:

If you need to add more emergency contacts, please inquire about an additional form.

ADDITIONAL FAMILY INFORMATION

Please let us know about shared custody situations so we can be sensitive to your child.

Is there a restraining order in effect? ☐ Yes ☐ No (*If yes, court documentation must be on file with SCP for enforcement).*

Is there is parenting plan in effect? ☐ Yes ☐ No (*If yes, court documentation must be on file with SCP for enforcement).*

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HEALTH HISTORY			
Doctor's Name:	Address:	Phone Number:	Last Physical Exam Date:
Dentist Name:	Address:	Phone Number:	Last Dental Exam Date:
Insurance Company Name:		Member/Policy Number:	
Policy Holder Name:		Employer Name:	

INDIVIDUAL HEALTH CARE PLAN: Does your child have a life-threatening medical condition, severe allergies, or significant health/development concerns? ☐ YES ☐ NO

If yes please explain below

If you answered yes to any of the questions below, you will be contacted regarding other required forms. Forms/on-site training must be completed and submitted no later than a week before start date.

Please check all that apply to your child:

☐ Food Allergies ☐ Medical Allergies ☐ Other Allergies ☐ Developmental Needs (Speech/PT/OT)

Does your child have an Epi-Pen or Inhaler? ☐ YES ☐ NO

I will provide a daily snack due to my child's food preferences.

Initials: ☐

If snack is not provided from home, SCP will provide a snack.

Intials: ☐