



**FAMILY AND CONSUMER SCIENCES  
CHILD DEVELOPMENT LAB  
OXFORD AREA HIGH SCHOOL  
PRESCHOOL APPLICATION**



Child's Name: \_\_\_\_\_, \_\_\_\_\_  
*(Last)* *(First)* *(Middle)*

Name used at home \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Parent/Guardian with legal custody: \_\_\_\_\_

Home address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Parent/Guardian email: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Daytime phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Daytime phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Emergency Contact (*other than parent*): \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Persons authorized to pick up child from preschool (besides parents, guardians, or emergency contact):

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Other persons living in the home:	Age	Gender	Relationship
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Primary language used at home: \_\_\_\_\_

Other languages spoken at home: \_\_\_\_\_



**FAMILY AND CONSUMER SCIENCES  
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OXFORD AREA HIGH SCHOOL  
MEDICAL FORM**



*Note: Completion of this form does not require a recent physical*

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Parent's Names: \_\_\_\_\_

*(Father)*

*(Mother)*

Birth Date: \_\_\_/\_\_\_/\_\_\_ Date of last complete physical: \_\_\_/\_\_\_/\_\_\_ Gender: \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Does your child have: Speech Difficulty Y N \_\_\_\_\_

Vision Difficulty Y N \_\_\_\_\_

Hearing Difficulty Y N \_\_\_\_\_

Is your child under any type of treatment or any regular medication?

\_\_\_\_\_

**SIGNIFICANT MEDICAL CONDITIONS**

Allergies Y N (please include food allergies) \_\_\_\_\_

Asthma Y N \_\_\_\_\_

Cardiac/Heart Y N \_\_\_\_\_

Gastrointestinal Y N \_\_\_\_\_

Kidney Problems Y N \_\_\_\_\_

Epilepsy/Seizures Y N \_\_\_\_\_

Childhood Illness Y N \_\_\_\_\_

Other \_\_\_\_\_

**IMMUNIZATION RECORD**

DPT \_\_\_\_\_ / \_\_\_\_\_

Polio \_\_\_\_\_ / \_\_\_\_\_

MMR \_\_\_\_\_ / \_\_\_\_\_

Hepatitis B \_\_\_\_\_ Varicella/Varivaz (chicken pox) \_\_\_\_\_

HIB \_\_\_\_\_ TB/Tuberculosis Test \_\_\_\_\_

Does your child have any physical reason for not participating in normal school activities? \_\_\_\_\_

\_\_\_\_\_

Physician's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**ATTENTION!! Form is not valid without a physician's signature.**

**OXFORD AREA HIGH SCHOOL  
FAMILY AND CONSUMER SCIENCES / CHILD DEVELOPMENT LAB**



**Help us get to know your child!**

Child's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Parents' Names: \_\_\_\_\_

What are some of your child's favorite things to do?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Does your child speak more than one language?

\_\_\_\_\_

\_\_\_\_\_

What are some of your child's favorite books?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What are some of their favorite foods?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Does your child have a favorite toy or other comforting object? What is it? When does your child seem to need it most?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What are your child's special interests?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How does your child feel about coming to school?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Does your child know any other children in our class?  
If so, whom?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What else would you like us to know about your child (fears, habits, etc.?)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What do you hope your child will gain from this preschool experience?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Additional comments:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

***Please attach a current picture of your son/daughter so the high school students will know your child when they arrive at preschool.***

**CHILD DEVELOPMENT PRESCHOOL LAB**  
**OXFORD AREA HIGH SCHOOL**  
**CONSENT FORM**

I give consent for my child \_\_\_\_\_ to participate in the Family and Consumer Sciences Child Development Center operating at the Oxford Area High School.

I hereby grant permission for my child to use all of the play equipment and participate in all of the activities of the school. I understand that a snack, planned and prepared by the students and staff members, will be served as part of this program.

I hereby grant permission for my child to leave the school building under supervision of the students and staff member for outdoor activities or a walk. I also grant permission form my child to walk throughout the school and to go to other classrooms for special events (i.e. Halloween parade, special presentations, etc.). I understand that my child will NOT be leaving school grounds.

I hereby grant permission for my child to be included in evaluations, pictures, news articles, and video recordings connected to the school program.

I hereby grant permission for staff members to take whatever steps may be necessary to obtain emergency medical care if warranted. These steps may include, but are not limited to, the following:

1. Attempt to contact a parent or guardian.
2. Take the child to our school nurse at Oxford Area High School for consultation.
3. Attempt to contact you through any of the persons listed on the emergency form you completed for us.
4. If we cannot contact you or your child's physician, we will take appropriate measures to insure your child's safety and well-being.
5. The school will not be responsible for the parent's failure to provide significant information regarding their student's health. It is the parent's responsibility to notify the school as any medical, emergency contacts, or custody information changes.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Primary phone number: \_\_\_\_\_ Additional phone: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_

