

AUTHORIZED PICK-UP LIST FOR STUDENT: _____

(last name), (first name)

For your child's protection, communication with the school about attendance is critical so we can account for your child. When the morning or afternoon schedule changes from the usual routine, or when your child is absent, please call the school at (419) 668-8480 or email ecc@ncsmail.org before their normal arrival time at the school or Clubhouse. Please provide us with a list of individuals authorized to pick up your child. [We know that arrangements often change throughout the year; but you must update this form to include any person who will be sent to pick up your child.]

This schedule can be updated throughout the year by calling the office or completing an update form available in the office or at ncsweb.org.

Authorized Pick-up List (School Hours 8:50am-3pm)

Those on the following list are the only persons to whom your child will be released.

- 1) Please include parents/guardians.
- 2) Please list all other people authorized to pick up your child in order of people most likely to pick your child up. (You may add paper as needed.)
- 3) Please notify us when there are changes to the list or the order. **This list must be on file by the first day of school.**

Name	Relation to Child	Phone #1	Phone #2
1)	parent/guardian		
2)	parent/guardian		
3)			
4)			
5)			

PERMISSIONS

Norwalk Catholic School - Early Childhood Center
77 State Street | Norwalk, OH 44857

Please read carefully and respond to each of the following permissions.

Permission for Walking Field Trips

Yes. _____ has my permission to take part in our school's walking field trips on and around the campus (e.g. to the park). As parent or guardian, I release the school, Catholic School Services, and any associated person or agency from any claims of ordinary negligence, in consideration for the opportunity to participate in these activities.

No. I do not want my child, _____, to participate in walking field trips.

Permission to Photograph/Videotape

During the school year, Norwalk Catholic School takes many photographs and some videos of children participating in school lessons and activities. The photographs may appear in highlight videos, in our school yearbook, on our website or social media pages, in local newspapers, school newsletters, annual reports, brochures and other communications and promotional materials. **Unless "no" is checked below, your child's photo may be used in our materials.**

Yes. I, _____, **do** want photos/videos of my child, _____, to be used in school materials.

No. I, _____, **do not** want photos/videos of my child, _____, to be used in school materials.

Class Roster Permission

Each year we prepare a roster for each group of children in our program. This roster will not be furnished to any persons other than parents/guardians of children enrolled in our program.

I give permission for the following information to be put on a class roster:

Name of child: _____

Name of parent(s)/guardian(s): _____

Address of child: _____

Phone number: _____

<OR> I **do not** give permission for information to be put on a class roster.

Parent/Guardian Signature _____

Date _____

EMERGENCY TRANSPORTATION AUTHORIZATION

Please complete either Part I <or> Part II below. Do not complete both parts.

Part I

Permission to Transport Child

I, _____ give Norwalk Catholic School my permission to transport my child, _____ to _____ (name of hospital/clinic) for emergency medical care or to _____ (name of dentist/clinic) for emergency dental care, or to the nearest available source of assistance or to _____ (medical specialist).

Parent/Guardian Signature

Date

This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery.

Part II

Refusal to Grant Permission

I, _____ **do not** give permission to Norwalk Catholic School to transport my child, _____ for emergency medical or dental care. In the event of an illness or injury which requires emergency medical or dental treatment, I wish the following action to be: _____

Parent/Guardian Signature

Date

EMERGENCY CONTACT INFORMATION

Child's name (last, first): _____ Birthdate ____/____/____

Home address: _____

In the event of sickness or an emergency, who should we contact, please include parents' contact information to be contacted. In addition to parents(s)/guardian(s), please list two other contacts? Please list them in the order you want us to call them during the school day, #1, #2, #3... Please do not list any phone numbers that we may not call during the day (e.g. work).

① **Emergency contact's name:** _____

Address: _____

Relationship to child: _____

Phone #1: _____ Phone #2: _____

② **Emergency contact's name:** _____

Address: _____

Relationship to child: _____

Phone #1: _____ Phone #2: _____

③ **Emergency contact's name:** _____

Address: _____

Relationship to child: _____

Phone #1: _____ Phone #2: _____

④ **Emergency contact's name:** _____

Address: _____

Relationship to child: _____

Phone #1: _____ Phone #2: _____

Please provide the name for your child's physician and dentist. If your child has not yet visited the dentist, please put the family dentist, our school dentist Dr. Julie Roberts, or any dentist you wish to be contacted in the event of a dental emergency.

Name of physician, practice or clinic: _____

Address: _____ Phone: _____

Name of dentist or clinic: _____

Address: _____ Phone: _____

<OR> I designate the **school dentist**, Dr. Julie Roberts, for dental emergencies occurring at school. She can be reached at 107 W. Main St., Norwalk OH 44857 | (419)668-1317.

Parent/Guardian Signature _____

Date _____

FOR OUR INFORMATION, GETTING TO KNOW _____

Child's Name (Last, First)

By providing complete information about your child, you will help us give him/her a positive experience at the ECC. Please list any information that will help us understand your child's world, preferences, abilities and/or personality so we can make him/her comfortable and meet his/her needs. Thank you!

Preferred Name/Nickname: _____ Child is: right handed left handed

Members of your child's immediate family: _____

Who lives at home with your child? _____

Are there any special family arrangements like shared parenting, living in two homes or custody specifications? _____

What is the primary language spoken in your home? English Other: _____

Have there been any recent changes or transitions for your child (e.g. sleep schedule, new home, divorce, death of a family member, friend or pet)? _____

Are there any special cultural or religious practices we should be aware of? _____

Has your child attended preschool/daycare before? ____ If so, where? _____

Likes & dislikes: _____

Hobbies & interests: _____

Pets: _____

Favorite color: _____ My child drinks: milk juice water

Favorite foods: _____

Food dislikes: _____

IMPORTANT: Please note any allergies or food sensitivities on the child's health information form.

Favorite toys/play: _____

Please check all of the words below that best describe your child's personality and behavior:

- active adventurous affectionate anxious bossy bright busy calm cautious
- cheerful content creative curious easily-angered easily-discouraged emotional
- energetic excitable friendly happy hesitant insecure jealous likes structure/routine
- loud loving mellow outgoing prefers adult company prefers children's company quiet
- reluctant to share sensitive serious shares easily shy silly social soft-spoken
- spontaneous stubborn tentative other: _____

Anything that frightens your child? _____

Routines/actions/items that comfort your child? _____

What causes your child to feel angry or frustrated? _____

Any other personality or behavior traits we should be aware of? _____

What methods do you use to encourage positive choices and to respond to negative choices? _____

Does your child use any special comfort items for sleep time? _____

PARENTS USING PRESCHOOL CLUBHOUSE IN THE AFTERNOON: If your child relies on an item to go to sleep, please send that item to school with your child for their afternoon nap.

What time does your child usually go to bed & wake up? _____

What time(s) & for how long does your child usually nap? _____

What is your child's mood when waking? _____

Does your child have trouble sleeping (nightmares, trouble falling asleep, etc.)? _____ Please explain: _____

Where is your child at with toilet training? accidents are rare awake or asleep
 only has accidents while asleep ≤3 accidents per week ≤6 accidents per week
 has an accident daily while awake has a medical issue that causes frequent accidents: _____

Does your child require help using the toilet? _____ If so, how? _____

How does your child let you know he/she needs to use the bathroom? _____

Are you or your child anxious about anything as he/she starts the school year? _____

What are you or your child excited about as he/she starts the school year? _____

What are your goals for your child this school year? _____

Please list any talents, hobbies, skills, field trip ideas, etc. that you would be willing to share with your child's class/the school. _____

Please include any other information that would be helpful to your child's teacher. _____

Parent signature _____ Date _____