



Parent Questionnaire

Parent's Name: _____ Child's Name: _____

Do you currently attend church? Yes___ No___

If so, which church are you currently attending? _____

Describe your relationship with God.

What is the most important thing you are looking for in a preschool for your child?

Tell us a little bit about your child.

RESTORED CHRISTIAN PRESCHOOL



2023 - 2024 MEDICAL FORM Restored Christian Preschool

Please provide the following contact, emergency contact and medical information for your child should there be an emergency on who to contact:

PARENTAL CONTACT INFORMATION

Parent's Name: _____ Phone No: _____

Home Address: _____

Child's Name: _____ DOB: _____

Should the parent not be available, please provide:

EMERGENCY CONTACT INFORMATION

Name: _____ Phone No: _____

Home Address: _____

Relationship: _____

Doctor: _____ Phone No: _____

Dentist: _____ Phone No: _____

MEDICAL / ALLERGY INFORMATION

Please list pertinent information regarding the following:

Allergies (List type & severity):

Other medical/behavioral conditions:

Will medications need to be administered by RCP staff? Yes _____ No _____

If medications need to be administered, please provide medication name & dosage:

Other information RCP staff should be aware of:

MEDICAL TREATMENT AUTHORIZATION

In the event our child becomes ill or sustains injury while in the care of Restored Christian Preschool and the school is unable to reach us, we give our permission to those in charge to take whatever steps are necessary.

If it is not possible to reach the physician named, consent is given to any licensed physician or dentist to perform such emergency procedures as they think the existing emergency requires.

_____ I have read the above and understand by signing this document I am in agreement with its instructions.

Signature: _____ Date: _____

RESTORED CHRISTIAN PRESCHOOL



Photo Release

Parent's Name: _____ Child's Name: _____

Restored Christian Preschool ("RCP") would occasionally like to include photographs and/or video of our preschoolers in our brochures, website, or other promotional materials. However, in order for our school to use photographs or video, we need permission from the parents of those children whose face is recognizable.

RCP may use my child's picture in brochures or other printed/displayed promotional materials.

Yes ____ No ____

RCP may use my child's picture on the Restored Community Church's social media platforms for informational use.

Yes ____ No ____

Note: Permission granted on this form will remain in effect through the child's preschool enrollment unless rescinded in writing by parents.

Parent Signature

Date