

Emergency Contacts

Please list **TWO local friends**, neighbors and/or relatives to contact in an emergency, an injury requiring medication or if you cannot be reached at pick-up time. These people must live or work within the Northfield School District.

Name	Local Address	Phone
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Name	Local Address	Phone
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*If someone other than your usual driver is to pick-up your child we must be informed in advance. (Please include their name & phone number in your e-mail, text, or voice message)

Are there any people who **MAY NOT** remove your child from school? If yes, please name:

Medical Providers: In the event of an emergency where immediate care is required we will call a **local** (Northfield) doctor. If you have a doctor of preference, please list it here:

Local (Northfield) Family Doctor:

Name	Address	Phone
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Local (Northfield) Family Dentist:

Name	Address	Phone
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List any allergy, dietary or medical needs: _____

List any other children and adults living at home (name, ages, & relationship):

Does your child have neighborhood playmates? _____

What are their ages in relation to your child's age? _____

In what way(s) would you like this preschool experience to contribute to your child's growth and development?

To complete the class lists, may we release your child's name, address and phone number to parents of other children in your child's class? This class list may prove useful for parents as they make arrangements for carpools or play dates. YES NO

How do you help your child regulate their emotions at home?

Please note anything else you think might be helpful for us to know about your child.
(i.e., fears, habits, difficulties your child may have, etc.)

What are your child's favorite healthy snacks?

I give my permission for staff at ODP to act in the event of an emergency.

Parent signature: _____ **Date:** ____/____/____