



Cordova Recreation & Park District  
Cordova STEAM Preschool  
Student Information Form  
2022-2023



**Class Information:**

Megas: M/W/F AM     Micros: T/Th AM     Nanos: T/Th PM    Child Start Date: \_\_\_\_\_

**Student Information:**

Child's Full Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Preferred Name: \_\_\_\_\_ Pro-noun: \_\_\_\_\_

Primary language spoken at home: \_\_\_\_\_

Check here if you **object** to photos of your child being used for CPRD publications

Child lives with:  Both Parents     Mother     Father     Other: \_\_\_\_\_

Primary Grownup Name: \_\_\_\_\_

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

Phone (primary): \_\_\_\_\_ Birthdate: \_\_\_\_\_

Email: \_\_\_\_\_

Grownup Name: \_\_\_\_\_

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

Phone (primary): \_\_\_\_\_

Email: \_\_\_\_\_

**Emergency Contacts:**

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

Relationship to child: \_\_\_\_\_

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

Relationship to child: \_\_\_\_\_

**Medical Information:**

Allergies: \_\_\_\_\_

Treatment: \_\_\_\_\_

Foods/Dietary Restrictions: \_\_\_\_\_

Treatment: \_\_\_\_\_

Does the child have a medical condition that we should be aware of, such as seizures or asthma?

Does the child have any special conditions or characteristics that would limit active participation?

Does the child have vision, hearing, or speech difficulties?

***Additional Information:***

List names and ages of other children in the family:

Does your child have any fears we should be aware of?

What skills do you hope for your child to gain from their preschool experience?

What would you like us to know about your child?

What does your child like to do for fun?

What motivates your child?

\* I understand that the Cordova STEAM Preschool Handbook can be viewed and downloaded online at [www.crpdp.com](http://www.crpdp.com) or available by request from the Cordova Recreation & Park District. I acknowledge that the District has met its obligation to inform me of its policies and procedures by providing me with the Handbook. I understand that if I have a question regarding a specific area of content in the Handbook, I will contact a supervisor who will clarify the area for me.

**Grownup Name Printed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Grownup Signature:** \_\_\_\_\_

Please return this completed form to [ehall@crpd.com](mailto:ehall@crpd.com) or to the Hagan Community Center.

<b>Office Use Only:</b>
Immunizations Records verified by: _____ Date: _____
Birth Certificate verified by: _____ Date: _____