



Cordova Recreation & Park District
Student Information Form
2021-2022



Hagan Community Center
2197 Chase Drive, Rancho Cordova, CA

Student Information:

Class: ☐ M/W/F ☐ T/Th Child Start Date: _____

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 Guardian's Name: _____

Address: _____

Phone (primary): _____ Birthdate: _____

Email: _____

Guardian's Name: _____

Address: _____

Phone (primary): _____ Phone (secondary): _____

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? _____

Pick-up Authorization: *following persons are authorized to pick up the above-named child, if the guardian is not available:*

Name: _____ Phone: _____

Relationship to child: _____

Name: _____ Phone: _____

Relationship to child: _____

Is there anyone who is to NEVER pick up your child?

List names and ages of other children in the family:

Does the child have any specific fears?

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 on line at www.crpdpd.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.

Guardian's Name Printed: _____ **Date:** _____

Guardian's Signature: _____

Please return this completed form to sromer@crdpd.com or bring it completed to the first day of program.

Office Use Only:	
Immunizations Records verified by: _____	Date: _____
Birth Certificate verified by: _____	Date: _____