



Cordova Recreation & Park District
Cordova STEAM Preschool
Student Information Form
2023-2024



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:

In the event we need to contact a parent/guardian and we are unable to reach them CRPD staff will contact the following individuals. All emergency contacts will also be authorized to pick up the above-named child:

Name: _____ Phone: _____

Relationship to child: _____

Name: _____ Phone: _____

Relationship to child: _____

Name: _____ Phone: _____

Relationship to child: _____

Pick Up Authorization:

The following persons are authorized to pick up the above-named child, in the event that the parents/guardian is not available:

Name: _____ Phone #: (____) _____

Relationship to child: _____ Phone #: (____) _____

Name: _____ Phone #: (____) _____

Relationship to child: _____ Phone #: (____) _____

Name: _____ Phone #: (____) _____

Relationship to child: _____ Phone #: (____) _____

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?

Does the child require any special accommodations (please provide documentation)?

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.crpdc.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 pwickens@crpd.com or to the Hagan Community Center.

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