



Albany Area Schools
Albany Area Community Education

Albany Area Schools Preschool Two Albany Elementary -- 2019-2020

Student's Name: _____ Date of Birth: _____

Home Address: _____ City/State/Zip Code: _____

Parent 1 Name: _____ Phone number: _____

Parent 2 Name: _____ Phone number: _____

School Attending: Albany Elementary Teacher Name: _____

Will your child be attending camp on their non-preschool day (Thursday)? YES _____ NO _____

Has your child participated in Early Childhood Screening? Yes _____ No _____ Unsure _____

ALL DAY & HALF DAY PRESCHOOL

How is your child getting to preschool?

- Dropped off by parent
- Riding bus to school
- Coming from Wrap-Around Care
- Other _____

ALL DAY PRESCHOOL

Where is your child going after preschool?

- Picked up by parent
- Riding the bus home
- Going to Wrap-Around Care,
- Other _____

***NOTE: If your child is riding a regular route bus to/from preschool from any location other than your home address, you must also fill out a Transportation Alternate Site Form. This can be filled out in advance at: <http://bit.ly/AASBusForm> or with the transportation department at Back to School Lunch.**

Bus Buddy Name (If Applicable): _____ Bus #: _____

Emergency Contact/Authorized Pick-Up People (Other than Parents/Guardians):

Contact (1) Name: _____ Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Relationship to Child: _____

Contact (2) Name: _____ Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Relationship to Child: _____

Tell Us About Your Child:

My Child's Name: _____

Name To Be Used for my Child's Locker Tag:

List your child's strengths: _____

List your child's weaknesses: _____

Please list any learning difficulties that other family members have experienced:

Please list any medical problems, medications, or food allergies your child has:

****NOTE:** If you indicate any information here, you **MUST** stop at the Nurse's table at Back to School Launch to fill out additional paperwork.

Please list any special services that your child has received or is currently receiving (Occupational Therapy, Mental Health Services, Physical Therapy, Speech, etc.):

Will your child be attending Kindergarten the 2020-2021 school year? Yes No Unsure

List any concerns you have about your child's development:

Is there anything that upsets your child (thunderstorms, automatic toilets, etc.)?

What techniques are effective when your child is distressed?

Are there any family circumstances or other information you'd like your child's teacher to know?
