



THE O'QUINN SCHOOLS OF PORTER-GAUD

INFORMATION FORM 2022-2023

Child's full name: _____

Name you prefer your child to be called: _____ Date of birth: _____

Ethnicity (optional): _____ Religious affiliation (optional): _____ Gender: M / F

Primary E-Mail: _____ Secondary E-Mail: _____

PARENT OR GUARDIAN INFORMATION

Parent/Guardian Name: _____ Email: _____

Address: _____ City _____ Zip _____

Phone: Cell: _____ Work: _____ Home: _____

Occupation and place of employment: _____ / _____

Porter-Gaud Alumni? If yes, years attended? _____ Maiden name (if applicable) _____

Parent/Guardian Name: _____ Email: _____

Address: _____ City _____ Zip _____

Phone: Cell: _____ Work: _____ Home: _____

Occupation and place of employment: _____ / _____

Porter-Gaud Alumni? If yes, years attended? _____ Maiden name (if applicable) _____

FAMILY INFORMATION

Sibling(s):	Age:	Currently Attends	
		O'Quinn	Porter-Gaud
_____	_____	yes	yes
_____	_____	yes	yes
_____	_____	yes	yes

PICK UP

Persons authorized to pick up your child:

Driver's license & phone number:

Person(s) who may **NOT** pick up your child: _____
(Please note legal documentation is required if the person listed is the child's parent.)

PERSONAL

Is your child (circle one): right-handed left-handed no preference shown

Has your child had a previous group or preschool experience? Yes or No

If so, where and when: _____

Is your child currently receiving speech, occupational, physical, or other therapy? Please share which support service(s) are being utilized. _____

When does your child get up in the morning? _____ go to sleep at night? _____

If your child is in a 4 year old class will he/she nap? Yes or No (Discovery students do not nap.)

Do you have any sleeping or napping instructions? _____

What type of play does your child most enjoy; what are your child's current interests, hobbies, or collections? _____

Name your family pets and describe each one. _____

What is your child's greatest strength? _____

Briefly describe your child's personality (sensitive, shy, temper tantrums, etc.). _____

Is there any additional information you would like to share (effective forms of comfort/discipline, child's eating habits, child's bathroom habits, communication, etc.)? _____

What are your hopes for your child in preschool or kindergarten? _____

ALLERGY INFORMATION:

List all allergies (food, environmental, medication): _____

Explain child’s past reactions when exposed to allergen(s): _____

Is there risk for anaphylaxis?

- Yes. The school will be provided an Allergy Action Plan signed by a physician along with an Epi Pen and antihistamine as prescribed. (Allergy Action Plan forms are available in the office.)
- No, not likely.

MEDICAL INFORMATION:

Please list all medical condition(s) other than allergies:

- My child **does not** have any known medical condition.

Please initial showing agreement:

_____ **FIRST AID** In the event of an emergency, I authorize the staff to provide any first aid deemed necessary for my child.

_____ **EMERGENCY CARE** In the event of an emergency in which a parent/guardian cannot be reached, the physician listed on the DSS 2900 and the local hospital are hereby authorized to provide any emergency care deemed necessary for my child.

_____ **EMERGENCY TRANSPORT/HEALTH RECORD TRANSFER** I hereby authorize an Emergency Medical Service to transport my child to the hospital if necessary and authorize the transfer of my child’s health record to the local hospital.

_____ **PARENT HANDBOOK** I read the O’Quinn Schools of Porter-Gaud Parent Handbook at www.oquinnschool.org and agree with the policies outlined in the handbook.

_____ **DISCIPLINE POLICY/CORPORAL PUNISHMENT** I agree with the O’Quinn Schools of Porter-Gaud Discipline Policy as stated in the handbook, and I understand the O’Quinn Schools of Porter-Gaud do not use corporal punishment.

_____ **FIELD TRIP PERMISSION** I read the O’Quinn Schools of Porter-Gaud Field Trip policy in the Handbook and understand that the school does not transport children on field trips.

_____ **MANDATED REPORTING** I understand childcare providers are mandated reporters, meaning that O’Quinn faculty and staff are required by law to file a report any time there is reason to suspect child maltreatment of any kind, including neglect and any signs of physical, emotional, or sexual abuse.

_____ **PERMISSION FOR PHOTOGRAPHS:**

- Do not** include photographs of my child for use in external publications (Facebook, website, etc.)
- Yes**, photographs of my child may be included in external publications.

Parent/Guardian Signature

Date