

BRIGHT SPOT PRESCHOOL & KINDERGARTEN

Social Questionnaire

Name of Child \_\_\_\_\_

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

Nickname \_\_\_\_\_ Sex \_\_\_\_\_ Birthday \_\_\_\_\_

Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ e-mail \_\_\_\_\_

Father's Name \_\_\_\_\_ Occupation \_\_\_\_\_

Mother's Name \_\_\_\_\_ Occupation \_\_\_\_\_

Names and ages of brothers and  
sisters \_\_\_\_\_

Does the child have any pets? \_\_\_\_\_

Does the child have any fears? \_\_\_\_\_

Is your child toilet trained? Bladder \_\_\_\_\_ Bowels \_\_\_\_\_

Is he/she confident in new situations? \_\_\_\_\_

How does he or she react to large groups? \_\_\_\_\_

Does he/she enjoy playing mostly with children of his/her own age, children younger, or  
older than him/herself? \_\_\_\_\_

Does your child nap? \_\_\_\_\_ When? \_\_\_\_\_ How long? \_\_\_\_\_

List some favorite things your child likes to play with: \_\_\_\_\_

Do you feel that your child is particularly interested or good at any particular artistic,  
physical, academic or social skills?

(Specify) \_\_\_\_\_

Is there anything else you can tell us that would be of help to the staff in dealing with  
your child?

**BRIGHT SPOT PRESCHOOL & KINDERGARTEN**

**EMERGENCY INFORMATION**

Name of Child: \_\_\_\_\_  
Last First Middle

Parent's Names: \_\_\_\_\_

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

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

Father's Business Address & Phone: \_\_\_\_\_

Mother's Business Address & Phone: \_\_\_\_\_

Names of persons to be notified if parents are unavailable:

1. \_\_\_\_\_ Phone: \_\_\_\_\_

2. \_\_\_\_\_ Phone: \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Family Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

If your child has major physical handicaps, allergies or other health related problems please list them here.

I hereby give my permission for my child to be taken to the nearest doctor or hospital for emergency medical or dental procedures which are necessary to preserve the life of my child or to prevent permanent impairment of his or her health in case time does not permit obtaining my personal consent to these procedures.

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

**Bright Spot Preschool and Kindergarten**  
**Health Record**

Name of Child: \_\_\_\_\_

Does your child have any chronic medical problems, allergies, or disabilities which would require special consideration by the staff? Please specify:

\_\_\_\_\_

**To Be Completed By Your Physician:**

IMMUNIZATIONS	DATE	DATE	DATE	DATE	DATE
DTaP/DTP/Td					
POLIO					
HIB					
HEP B					
MMR					
VARICELLA					
MENINGOCOCCAL					
PNEUMOCOCCAL					
INFLUENZA					
HEP A					
ROTAVIRUS					
OTHER					

Does the child have any chronic medical problems, handicaps, etc. which would require special care or consideration from the staff?

Date: \_\_\_\_\_

\_\_\_\_\_  
Physician's Signature

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Address

## BRIGHT SPOT PRESCHOOL & KINDERGARTEN

### Transportation Authorization

The following persons named below are authorized to transport my child to and from school.

1. Name: \_\_\_\_\_ Tel.No. \_\_\_\_\_
2. Name: \_\_\_\_\_ Tel.No. \_\_\_\_\_
3. Name: \_\_\_\_\_ Tel.No. \_\_\_\_\_
4. Name: \_\_\_\_\_ Tel.No. \_\_\_\_\_
5. Name: \_\_\_\_\_ Tel.No. \_\_\_\_\_
6. Name: \_\_\_\_\_ Tel.No. \_\_\_\_\_

I understand that if any person other than those named above is to transport my child home from school, I must first send a written authorization to the staff at Bright Spot.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent's Signature