

St. Albert the Great Preschool Checklist 2024 - 2025

All forms required before the first day of school

- _____ Current Immunization form (Must Have 2 Hepatitis A shots)
- _____ Current Eye Exam (must be completed before school begins)
- _____ Permission for Health Care
- _____ Medical Form
- _____ Consent for Medical Treatment Form
- _____ Field Trip Permission Form
- _____ Sunscreen Form
- _____ Hand lotion Form
- _____ Tardy walking permission form
- _____ Student Questionnaire
- _____ Photo Release Form
- _____ St. Albert Preschool Handbook Form (last page signature)
- _____ Carpool Authorization Form
- _____ Animal Release Form

Permission for Health Care 2024-2025

Child's Name _____ Birthday _____ Date _____

Child's Physician _____ Phone # _____

Address _____

Child's Dentist _____ Phone # _____

Address _____

Authorized Adults

In the event of an emergency, please indicate your name and phone numbers where you and your authorized person can be reached.

Parent Name _____

Home # _____ Work# _____ Cell# _____

Parent Name _____

Home# _____ Work# _____ Cell# _____

Another authorized person _____ Phone# _____

First Aid

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

Signature Date

Emergency Care

In the event of an emergency in which I cannot be reached, the physician listed above and the local hospital are hereby authorized to provide any emergency care deemed necessary for my child.

Signature Date

Health Record Transfer

In the event of an emergency, I hereby authorize the transfer of my child's health record to the local hospital.

Signature Date

CONSENT FOR MEDICAL TREATMENT OF MINOR 2024 - 2025

****PLEASE MARK ONLY ONE PREFERRED HOSPITAL****

- _____ Norton Children’s Hospital. 231 E.Chestnut St. 40202. 502-629-6000
- _____ Norton Women’s and Children’s Hospital. 4001 Dutchmans Ln. 40207. 502-893-1000
- _____ Norton Children’s Medical Center. 4910 Chamberlain Ln. 40241. 502-446-5000
- _____ Baptist Health Emergency Dept. Louisville. 4000 Kresge Way. 40207. 502-897-8100

As a parent/guardian: if a potential problem exists in the event your child requires medical treatment and you are not available to give consent. In order to avoid possible delays in necessary treatment as a result of not being able to contact you, your signature on this completed form will provide the hospital with written consent to provide immediate treatment.

Child’s Name _____ Age _____ Birthdate _____

Medications child is taking _____

Allergies (includes all known allergies: i.e. food, drugs) _____

Special medical problems/surgeries (include heart, lung, diabetes history) _____

Date of last: Tetanus _____ Are immunizations up to date? Yes _____ No _____

Name of Parent/Guardian _____ Address _____

Home Phone # _____ Work # _____ Cell Phone # _____

Name of Parent/Guardian _____ Address _____

Home Phone # _____ Work # _____ Cell Phone # _____

Family Physician _____ Office Phone # _____

Emergency Contact Person _____ Phone # _____

Insurance Company _____ Policy Number _____ Policy Holder _____

Medical Treatment Authorization: In case of a medical need involving the minor listed, I request the hospital staff to contact me (or my spouse) at the numbers provided. In the event that I (or my spouse) cannot be reached, I grant written permission to the hospital’s emergency medical staff to render medical care as deemed appropriate. I (We) agree to pay for the normal and customary charges of the hospital for any treatment or medication received by said child. I also agree to notify the hospital in writing if I cease to be guardian or if there are any changes in the above authorization.

_____ **AND** _____

Parent/Guardian's Signature

Parent/Guardian's Signature

Date

St. Albert the Great Preschool 2024 - 2025

Permission to Apply Sunscreen

I give the staff at St. Albert the Great Preschool permission to apply spray sunscreen to the body and stick sunscreen to the face of my child, _____. These items will be labeled with their name and applied during the months of August, September, April, and May if we are outside more than 15 minutes. All sunscreens will be kept in a secure location during the school year. Expired products will not be used.

Parent Name (please print) _____ Date _____

Parent Signature _____

Field Trip Permission

I give permission for my child, _____, to move from the Preschool classrooms to the main building for either art, music, library, cafeteria, to the gym, to church on a regular basis or as scheduled, to the track, to the basement of Hendrick's Hall, Sacred Heart Building, Parish Life Center, to the large school building or to walk around the buildings. I understand that he/she will move with the Preschool staff, as required by licensing, and remain with the class at all times. This is to include our special classes in our curriculum so the children receive an enriched education in our Preschool program.

If an off-campus field trip is scheduled, I understand that I will receive information prior to the trip so I will sign a separate form for each trip.

Parent Name (please print) _____ Date _____

Parent Signature _____

Hand Lotion /Chapstick Permission

I give permission for my child, _____, to use hand lotion and/or chapstick from the months of December - March. I understand that the lotion will be put on my child's hands and they will have to rub it in. They will also apply their own chapstick. Lotion and/or chapstick will be given out before nap time only. All items will be labeled with their names and kept in a secure location. Expired products will not be used.

Parent Name (please print) _____ Date _____

Parent Signature _____

Walking from Main School to Preschool Permission Form 2024 - 2025

If your child is tardy, you must report to the main school office. This signed permission slip allows an office, administrative, or other St. Albert staff member to supervise your child in the main school office and/or walk your child from the main school office to the preschool classroom.

I, _____, give permission for my child, _____, to be supervised and/or walk with an office/administration/or other St. Albert staff member from the main school office to the preschool classroom.

Parent signature

Date

St. Albert the Great Preschool
Medical Form 2024 - 2025

ALL immunization forms from a Doctor must be on file by the 1st day of classes.

Full Name of Child _____
(last)
(first)
(middle)

Preferred name _____ Birthday _____ Sex _____

Address _____ Home# _____ Cell# _____
(zip)

Parent Name _____ Work# _____ Cell# _____

Parent Name _____ Work # _____ Cell# _____

Emergency Phone Numbers:

Name _____ Relationship _____ Phone# _____

Name _____ Relationship _____ Phone# _____

Please list any pertinent information regarding:

Allergies _____

Diseases _____

Operations _____

Serious Illnesses _____

Special Problems _____

Parent Signature _____

Date _____

St. Albert the Great Preschool 2024 - 2025

Student Questionnaire (PLEASE Print) (all information is confidential)

Name _____ DOB _____ ID# _____
Address _____ Zip _____

Parents:

Parent _____ Cell# _____
E-mail address _____

Parent _____ Cell# _____
E-mail address _____

Siblings:

Name _____ Age _____ Name _____ Age _____
Name _____ Age _____ Name _____ Age _____

Grandparents:

Names _____ Live Locally _____ Out-of-town _____

General Information:

Favorite play things _____
Least favorite play things _____
Outdoor play - # hrs/day _____ Alone/with others _____ Sports _____
TV time # hrs/day _____ Video-game time - # hrs/day _____ Chores _____
Musical instruments in home _____ Who plays _____
Typical: Wake-up time _____ Bedtime _____ Naps _____
General/specific fears _____ How to soothe _____
Foods: Favorite _____ Least favorite _____
Allergies to foods _____ Food Restrictions _____
Other allergies _____ Medication _____
Previous preschool/education: _____

You want us to know:

Personality _____

Behavior _____

Comments:

Enrollment Date: _____ (filled out by school staff)

Photo, Video, Website Release 2024 - 2025

Family Name: _____

Student First Name: _____

Pictures and/or videos are taken often by our Director of Development, Janelle Richardson for the following reasons, but not limited to: St. Albert social media account posts, parent meeting presentations, yearbook, marketing materials, website, publications such as The Record or Archdiocese Facebook posts, etc.

Teachers also take pictures/videos for weekly newsletters and our Preschool Website.

St. Albert the Great School has permission to use my child's name, photograph, and/or videotaped images in publications, video productions, and/or school Internet Website.

I do further certify that I am of full legal capacity to execute the foregoing authorization and release.

_____ I give permission

_____ I DO NOT give permission

Parent/Guardian Signature: _____

Date: _____

ST. ALBERT THE GREAT PRESCHOOL

CARPOOL AUTHORIZATION FORM 2024 - 2025

Please list the full name of adults, including parents, that may pick up your child.

Names listed must match photo ID

Child's Name _____

Person Filling out Form _____

Relationship to Child _____

After school my child will:

_____ Go to Preschool After School Care _____ days per week

_____ Go to carpool _____ days per week

My child may be picked up by any of the following people:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Signature _____ Date _____

Best phone number to reach at pick up time: _____

*Preschool Students **ARE NOT** allowed to walk home with older students or siblings.
Older siblings **ARE NOT** allowed to pick up preschool students. Anyone listed above that the staff does not know will need to provide a photo ID.

Child Care Animal Consent Form 2024 - 2025

School Name: St. Albert the Great Preschool

School Address: 1395 Girard Drive

Child's Name: _____ DOB _____

I, _____, give my permission for my child, _____, to be in the presence of the animals listed below.

Animals:

1. Caterpillars
2. Butterflies
3. Praying Mantis
4. Crickets/Grasshopper
5. Ants
6. Fish
7. Dogs

I would prefer my child not to touch the animals _____

Name of Parent/Guardian: _____

Signature of Parent/Guardian: _____

Date: _____