

# Bright Star Academy Child Information Sheet

Child's Name \_\_\_\_\_ Date Of Birth \_\_\_\_\_

Preferred Pro-Noun. \_\_\_\_\_ Age \_\_\_\_\_

## LEGAL GUARDIANS:

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Work # \_\_\_\_\_ Cell # \_\_\_\_\_

Email Address \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Work # \_\_\_\_\_ Cell # \_\_\_\_\_

Email Address \_\_\_\_\_

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

Siblings \_\_\_\_\_ Both Parents Home: Yes \_\_\_\_\_ NO \_\_\_\_\_

Other Household Members Over 18 \_\_\_\_\_

Has your child ever been referred for a special education evaluation in the past? YES \_\_\_\_\_ NO \_\_\_\_\_

If referred for an evaluation, has your child ever received any special education services in the past? YES \_\_\_\_\_ NO \_\_\_\_\_

Age at which services received \_\_\_\_\_ Special Needs \_\_\_\_\_

Does your child have an Individualized Education Program (IEP)? YES \_\_\_\_\_ NO \_\_\_\_\_

Dominant Language Spoken at Home \_\_\_\_\_

Allergies \_\_\_\_\_

## RELEASE AUTHORIZATION INFORMATION

### **PERSONS TO BE NOTIFIED IN CASE OF EMERGENCY OR ILLNESS IN THE ORDER YOU WANT THEM TO BE CALLED:**

1. Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

2. Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

3. Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

### **OTHER PERSONS AUTHORIZED TO PICK UP CHILD OTHER THAN LEGAL GUARDIANS:**

1. Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

2. Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

3. Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Your child will not be released to anyone not on this list without prior written consent from legal guardian. All authorized persons must show photo ID in the office.

EMERGENCY CODE WORD: \_\_\_\_\_

**Information provided: I have provided information on my child and/or child's special needs (allergies, diet, disabilities, and/or medical information) to Bright Star as may be necessary to assist Bright Star in properly caring for my child in case of emergency and daily care. I agree to update this information whenever a change occurs.**

\_\_\_\_\_  
Legal Guardian Signature

\_\_\_\_\_  
Date

PLEASE FILL OUT BACK OF FORM

# Child Information Sheet

Please provide us with some insight about your child to help us get to know him/her.

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Please provide us with some information on your child's napping/eating schedule/needs.

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Please provide us with some information on your child's social emotional/physical development and any special needs.

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What would you like us to know about your cultural/ethnic/religious affiliation and or family structure and how we can support your family?

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What are your hopes and dreams for your child in this program? How can we help you accomplish this?

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