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**INFORMATION FORM – Current Student**

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

**Child Information**

Child 1 Name: \_\_\_\_\_  
First Last

Child 2 Name: \_\_\_\_\_  
First Last

Child 3 Name: \_\_\_\_\_  
First Last

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**Parent/Guardian Information**

Parent 1 Name: \_\_\_\_\_  
First Last

Parent 1 Main Phone: \_\_\_\_\_ Parent 1 Secondary Phone: \_\_\_\_\_

Parent 1 Email: \_\_\_\_\_

Parent 2 Name: \_\_\_\_\_  
First Last

Parent 2 Main Phone: \_\_\_\_\_ Parent 1 Secondary Phone: \_\_\_\_\_

Parent 2 Email: \_\_\_\_\_

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**Emergency Contact Information**

If we cannot reach you in the event of emergency or illness, please list local adults we may contact (such as grandparents, friends, or nannies).

Emergency Contact 1 Name: \_\_\_\_\_  
First Last

Emergency Contact 1 Main Phone: \_\_\_\_\_

Emergency Contact 1 Secondary Phone: \_\_\_\_\_

Emergency Contact 1 Relationship to Child: \_\_\_\_\_

Emergency Contact 2 Name: \_\_\_\_\_  
First Last

Emergency Contact 2 Main Phone: \_\_\_\_\_

Emergency Contact 2 Secondary Phone: \_\_\_\_\_

Emergency Contact 2 Relationship to Child: \_\_\_\_\_

**I give my permission for the above listed person(s) to pick up my child from school. Please sign below.**

Parent Signature: \_\_\_\_\_

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### Preschool Directory Information

Each fall, we publish a preschool directory to be given out to each family in the school. The purpose of this directory is to give parents needed information to arrange play dates, send birthday party invitations, etc. This information is NOT to be used for commercial solicitations. We will publish name, address, phone, and primary email address unless you specifically request that information should be withheld.

**Please check the box below if you do NOT want to be included in the Preschool Directory.**

*I do NOT want my information included in the Preschool Directory*

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### Emergency Treatment Permission

I hereby give permission for All Saints Episcopal Preschool staff to authorize emergency medical treatment for my child. I assume the responsibility for payment of any such treatment. Further, I release the preschool staff and All Saints Episcopal Church from liability in the event of accident of injury to my child beyond their control.

Parent Signature: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Doctor's Office Phone: \_\_\_\_\_

Insurance Provider: \_\_\_\_\_

Insurance Policy Number: \_\_\_\_\_

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## Medical Information

Please fill out information below for each child attending All Saints Preschool this year.

### Child 1

Child 1 Name: \_\_\_\_\_  
First Last

Birthdate: \_\_\_\_\_

Any Known Allergies: \_\_\_\_\_  
\_\_\_\_\_

Other Medical Concerns: \_\_\_\_\_  
\_\_\_\_\_

Epi-Pen required at school?  Yes  No (check one)

Inhaler required at school?  Yes  No (check one)

### Child 2

Child 2 Name: \_\_\_\_\_  
First Last

Birthdate: \_\_\_\_\_

Any Known Allergies: \_\_\_\_\_  
\_\_\_\_\_

Other Medical Concerns: \_\_\_\_\_  
\_\_\_\_\_

Epi-Pen required at school?  Yes  No (check one)

Inhaler required at school?  Yes  No (check one)

### Child 3

Child 3 Name: \_\_\_\_\_  
First Last

Birthdate: \_\_\_\_\_

Any Known Allergies: \_\_\_\_\_  
\_\_\_\_\_

Other Medical Concerns: \_\_\_\_\_  
\_\_\_\_\_

Epi-Pen required at school?  Yes  No (check one)

Inhaler required at school?  Yes  No (check one)

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### COVID Waiver

I acknowledge the contagious nature of the Coronavirus/COVID-19 and that the CDC and many other public health authorities still recommend practicing social distancing. I further acknowledge that All Saints Episcopal Preschool has put in place preventative measures to reduce the spread of the Coronavirus/COVID-19. I further acknowledge that All Saints Episcopal Preschool cannot guarantee that I or my child will not become infected with the Coronavirus/COVID-19. I understand that the risk of becoming exposed to and/or infected by the Coronavirus/COVID-19 may result from the actions, omissions, or negligence of myself and others, including, but not limited to, All Saints Episcopal Preschool staff, and other preschool students and their families. I voluntarily seek the services provided by All Saints Episcopal Preschool and acknowledge that I am increasing my and my child's risk of exposure to the Coronavirus/COVID-19. I acknowledge that I must comply with all set procedures to reduce the spread while my child is attending preschool.

Parent Signature: \_\_\_\_\_

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### Parent Handbook & Orientation

I understand that the All Saints Episcopal Parent Handbook is available for viewing on the school website under 'Prospective Families' or 'Current Families' tabs. I have read the policies in the handbook and have also been given an orientation to the preschool (tour of facility - either in person or virtually, questions answered, etc). I understand that I will have an additional opportunity to learn about the school at Back to School Night in September.

Parent Signature: \_\_\_\_\_

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## Photo Release

Photos of children may be used on bulletin boards, throughout the school, in school newsletters, on the school's social media, website, and on marketing materials. Names will never be used with photos. I understand that no fees, royalties, or compensation for my child's image will be paid to me. Teachers may choose to share photos of the children in the classroom via a password protected photo sharing site (Homerom).

Parent Signature: \_\_\_\_\_

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## Teaching Positions (Lead, Assistant, and/or Substitute)

Many parents enjoy being on our Substitute Teacher list. This is a paid position (\$45.00 per day) and you may choose the classes with whom you feel most comfortable working. If you are interested in having your name on our substitute list, please fill out the information above. NOTE: Most requests are made via text message.

Name: \_\_\_\_\_ Main Phone: \_\_\_\_\_  
                                First    Last

**Some of our parents have a background in the field of education and would like to be considered for a teaching position, should we have any openings. Please indicate your interest in a permanent position below.**

- I have a degree in Education and would like to be considered should any permanent openings become available.
  - I do not have a degree in Education but would like to be considered should any permanent openings become available.
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## Emergency Text Messages

We are using an automated message service to send a text message in case of school closure due to inclement weather or other emergencies. Please provide the cell numbers you would like to receive the message.

Name: \_\_\_\_\_ Main Phone: \_\_\_\_\_

First

Last

Name: \_\_\_\_\_ Main Phone: \_\_\_\_\_  
First Last

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### Parent Volunteers/Room Parent Interest

I'm interested in helping in the following areas:

- Classroom Parent
- Parent Outreach
- Teacher Appreciation Week
- Outside Art Day
- Spring Fling
- Family Field Day
- I'd like to be involved with Parent Council in some way
- I'm not interested in volunteering this year

Share your skills and passions. We are always looking for parents to help contribute to our school community. Our school is successful in large part because of all the parent volunteers! If you own a business you think may be useful (markets, graphic design, catering, etc) or have a special skill or passion (gardening, crafting, etc), we'd love to connect with you to help improve our school! We'd love to hear from you if you have an occupation that would be suitable for a classroom presentation (fire, dental, mail carrier, doctor, etc).

Skills and passions are: \_\_\_\_\_

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giving our *all* for your child

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*All Saints Episcopal Preschool is a member of the National Association of Episcopal Schools (NAES).*