

Springview Academy

112 Springview Lane
Summerville, SC 29485

2125 Highway 17 North
Mt. Pleasant, SC 29466

Child's Admission Records

Child's Name:	Sex:	Date of Birth:
Child's Nickname (if any):	Home Phone:	
Address (Street, City, State, Zip):		

Mother/Legal Guardian's Name:	
Address (if different from child):	
Cell Phone:	Work Phone:
Work Place & Address:	
Occupation:	
E-mail Address:	

Father/Legal Guardian's Name:	
Address (if different from child):	
Cell Phone:	Work Phone:
Work Place & Address:	
Occupation:	
E-mail Address:	

Parents Marital Status: (Circle One) Married Divorced In a relationship SINGLE	Child's Primary Residence: (Circle One) Both Mother Father Other _____
Other Children in Family & Ages:	

Emergency Contact Information - In the event of an emergency or school closing and a parent or guardian is unable to be reached, we will contact the emergency contacts listed below. This section MUST be filled out.		
EMERGENCY CONTACT #1 (NAME):	RELATIONSHIP TO CHILD:	Home Phone: Cell Phone: Work Phone:
Emergency Contact #2 (Name):	Relationship to child:	Home Phone: Cell Phone: Work Phone:
Emergency Contact #3 (Name):	Relationship to child:	Home Phone: Cell Phone: Work Phone:

Authorized Pick Ups In the event a parent is unable to pick up from school, the people listed below are authorized to pick up my child from Springview Academy.

My authorized pick ups are the same as my emergency contacts. Parents Initials: _____

Authorized Pick Up # 1 (Name):	Relationship to child:	Home Phone: Cell Phone: Work Phone:
Authorized Pick Up # 2 (Name):	Relationship to child:	Home Phone: Cell Phone: Work Phone:

Medical Information

Child's Doctor:	Doctor's Phone Number:
Child's Dentist:	Dentist's Phone Number:
Family's Hospital Preference:	Hospital's Phone Number:
List ALL Allergies (food, medication, animals, etc.):	
List ANY chronic medical or handicapping conditions (asthma, seizures, diabetes, etc.)	
List ANY psychological findings:	

Child's Information

Typical Sleeping Patterns:
Typical Eating Habits:
Likes/Dislikes:
Play Habits:
Previous experience in preschool or childcare:
Would you like to know if your child reaches a milestone at school (rolling over, first word, first step, etc)?