

**Van Rensselaer Elementary**  
**25 Van Rensselaer Drive**  
**Rensselaer NY 12144**

Jeffrey M. Palmer  
Principal

Phone (518) 436-4618  
Fax (518) 436-4692

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Child's name (from Birth Certificate) \_\_\_\_\_

Child's address \_\_\_\_\_

\_\_\_ Male \_\_\_ Female Date of Birth \_\_\_\_\_

Language spoken at home \_\_\_\_\_

Please list child's siblings:

Name	DOB	school/grade	address
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Child lives with: (mark with an x)

Natural parents \_\_\_\_\_

One Parent \_\_\_\_\_

Foster Parent \_\_\_\_\_

Other \_\_\_\_\_

Mother's name and address \_\_\_\_\_

\_\_\_\_\_

Mother's home/ cell phone number \_\_\_\_\_

Mother's Place of employment \_\_\_\_\_

Mother's work phone \_\_\_\_\_

Father's name and address \_\_\_\_\_

\_\_\_\_\_

Father's home/cell phone number \_\_\_\_\_

Father's place of employment \_\_\_\_\_

Father's work phone \_\_\_\_\_

Has your child attended Preschool or daycare in the past? If so where? \_\_\_\_\_

\_\_\_\_\_

Does your child receive any Pre school special education services? If so, please specify \_\_\_\_\_

Do you have any concerns about your child (i.e. behavioral, social, emotional, academic, language)? if so please elaborate \_\_\_\_\_

\_\_\_\_\_

Please list any custody restrictions (custody papers **must** be on file in order to enforce)

\_\_\_\_\_

Please list any religious restrictions

\_\_\_\_\_

**Medical Information:**

Food Allergies \_\_\_\_\_

Medical allergies \_\_\_\_\_

Medical Conditions \_\_\_\_\_

Medications \_\_\_\_\_

Doctor's name and contact information \_\_\_\_\_

\_\_\_\_\_

If there is anything else you would like us to know about your child or family please use this space:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**Emergency Information Sheet**

Please fill this sheet out completely. I know some of this information is redundant, however it is very important. This is the information the school will use to contact you in the case of an emergency.

Student's name \_\_\_\_\_ Date of birth \_\_\_\_\_

Address \_\_\_\_\_ Phone # \_\_\_\_\_

Mother's name \_\_\_\_\_ Father's name \_\_\_\_\_

Mother's day time phone \_\_\_\_\_ Evening phone \_\_\_\_\_

Father's day time phone \_\_\_\_\_ Evening phone \_\_\_\_\_

**Emergency contact-** this person should be available by phone to pick up your child during the school day if we are unable to reach either of the child's parents. By filling out this form you authorize the school to release your child to this person if we cannot reach either of the child's parents. If possible, list someone who lives within the school district.

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

Address \_\_\_\_\_ Phone # \_\_\_\_\_

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

Address \_\_\_\_\_ Phone # \_\_\_\_\_

Place other than home where your child goes after school (i.e. boys and girls club, babysitter's house)

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

Address \_\_\_\_\_ Phone # \_\_\_\_\_

Do not release my child to \_\_\_\_\_

Child's special medical needs \_\_\_\_\_