

Child Information

1st Child First Name: _____ M.I.____ Last Name: _____

Name child prefers to be called: _____ Grade/Class: _____

Child's Address: _____

Gender: Male Female Date of Birth: _____

List any existing medical conditions, medication and/or special attention your child may require?

Allergies: _____

Pediatrician's Name: _____ Phone: () _____

Address: _____

Photographs: May we maintain a photo of your child for security purposes? Yes No

Parent/Guardian Information

Registration Date: _____

School Directory: Would you like your family to be included in our school directory? Yes No

Parent /Guardian 1 First Name: _____ M.I.____ Last Name: _____

Address: _____

Date of Birth: _____ Home Phone: () _____

Occupation/Employer: _____ Cell Phone: () _____

Work Address: _____ Work Phone: () _____

Email: _____

Is there is other information you would like us to know?

Parent /Guardian 2 First Name: _____ M.I.____ Last Name: _____

Address: _____

Date of Birth: _____ Home Phone: () _____

Occupation/Employer: _____ Cell Phone: () _____

Work Address: _____ Work Phone: () _____

Email: _____

Is there is other information you would like us to know?

Emergency Contacts & Authorized Pickup Persons:

1st Contact/Pick Up First Name: _____ M.I. ____ Last Name: _____

Address: _____

Relationship to Child: _____ Home Phone: () _____

Occupation/Employer: _____ Cell Phone: () _____

Email: _____ Work Phone: () _____

Emergency Contact

Authorized to pick up the following children: _____

2nd Contact/Pick Up First Name: _____ M.I. ____ Last Name: _____

Address: _____

Relationship to Child: _____ Home Phone: () _____

Occupation/Employer: _____ Cell Phone: () _____

Email: _____ Work Phone: () _____

Emergency Contact

Authorized to pick up the following children: _____

3rd Contact/Pick Up First Name: _____ M.I. ____ Last Name: _____

Address: _____

Relationship to Child: _____ Home Phone: () _____

Occupation/Employer: _____ Cell Phone: () _____

Email: _____ Work Phone: () _____

Emergency Contact

Authorized to pick up the following children: _____

Is there anyone who is NOT permitted to pick up your child? Reason?

Additional Comments & Information:

Is there is any other information that would be helpful to make preschool a positive experience for your child?

Signature:

Signature of Parent/Guardian: _____ Date: _____