



Child's full name _____

Name child goes by _____

Address & city _____

Phone _____ B-day _____ F ___ M ___

Mother's name _____

Home phone _____ Cell phone _____

E-mail address _____

Mother's address & city _____

Mother's place of employment/occupation _____

Work phone _____

Father's Name _____

Home phone _____ Cell phone _____

E-mail address _____

Father's address & city _____

Father's place of employment/occupation _____

Work phone _____

Custody/visitation arrangements if applicable _____

Siblings (please indicate ages and whether or not they live with the child)

Fears _____

Allergies and/or special medical issues _____

Special food or eating instructions _____

Has your child had previous group/preschool experience? Describe:

Briefly describe your child's personality _____

Additional information such as special interests, discipline, child's communication, comforting, and/or stresses in his/her life, (new baby, divorce, moved recently, death in the family, etc.) that we should be aware of

Church preference/home church _____

Persons (other than parents) to be notified in case of emergency:

1. Name _____ Home phone _____
Cell phone _____ Work phone _____
Relationship to child _____
2. Name _____ Home phone _____
Cell phone _____ Work phone _____
Relationship to child _____

Child's physician _____ phone _____

Names of persons other than parents or guardians to whom child may be released:

- | | |
|-------------|-------------|
| 1. _____ | 2. _____ |
| home# _____ | home# _____ |
| cell# _____ | cell# _____ |
| 3. _____ | 4. _____ |
| home# _____ | home# _____ |
| cell# _____ | cell# _____ |