



PRESCHOOL INFORMATION FORM

Child's Name: _____ Date of Birth: _____ Age: _____ Sex: _____

Address: _____ Phone: _____

Email Address: _____

PARENT INFORMATION

Marital Status: Single: ___ Married: ___ Widowed: ___ Divorced: ___ Single: ___

Name of Father /Male Legal Guardian: _____

Occupation: _____ Employer: _____

Work Phone Number: _____ Cell Number: _____

Name of Mother/Female Legal Guardian: _____

Occupation: _____ Employer: _____

Work Phone Number: _____ Cell Number: _____

Special Custody Information/Comments: _____

EMERGENCY INFORMATION

Child's Physician: _____ Phone Number: _____

Child's Dentist: _____ Phone Number: _____

Insurance Company: _____ Policy Number: _____

List three relatives or friends authorized to pick up child in case of illness or emergency when I cannot be reached:

Name: _____ Phone Number: _____

Name: _____ Phone Number: _____

Name: _____ Phone Number: _____

Does your child have any health problems?: Yes: ___ No: ___

If yes, please describe: _____

Any known allergies? (Please List): _____

Are there any foods your child cannot eat?: _____