

How did you hear about our preschool? _____

Information about your child:

Does your child have any know allergies: No ___ Yes ___ Explain: _____

Please list any other information about your child that might help us make preschool a positive experience for him/her (such as play, eating and sleeping habits, special fears, special likes or dislikes, or special needs)

Pick-up Information:

The following persons have permission to pick-up my child when we (child's parents/guardians are unable to):

_____	Relationship _____	Phone _____
_____	Relationship _____	Phone _____
_____	Relationship _____	Phone _____

Emergency Information:

Doctor's name _____ Phone _____
Office Name and Address _____
Dentist's Name _____ Phone _____
Office Name and Address _____
Hospital Preference _____
Medical Insurance Co _____ Policy No _____
Name of Policy Holder _____

In case of emergency, list at least 2 persons that can be contacted if parents cannot be reached:

_____	Relationship _____	Phone _____
_____	Relationship _____	Phone _____
_____	Relationship _____	Phone _____

I agree that the Director may authorize the physician of his/her choice to provide emergency care in the event that neither the family physician nor I can be contacted immediately.

(parent/guardian signature)

(date)

Permissions

T.V., church newsletter, or newspaper photographs _____ yes _____ no
Photographs on church/preschool website (names will not be used) _____ yes _____ no

Parent's Signature _____ Date _____

**Medical, Discipline, and Handbook forms must be completed and turned in before your child starts school.