

Child Record Form

Child's Name: _____ Birthdate: _____

Nickname: _____ Sex: _____

Mother's Name: _____

Home Address: _____ Phone: _____

Work Address: _____ Phone: _____

Father's Name: _____

Home Address: _____ Phone: _____

Work Address: _____ Phone: _____

Emergency Contact Information:

In case of emergency, contact: Mother ___ Father ___ Either: ___ Other: ___

Other: _____

Name: _____ Address: _____ Phone: _____

Physician: _____ Phone: _____

Dentist: _____ Phone: _____

PARENTS ARE RESPONSIBLE FOR ALL EMERGENCY MEDICAL PAYMENTS OR BILLS.

Only the following person/persons may remove my child from the preschool without previous notice:

Name: _____ Address: _____ Phone: _____

Name: _____ Address: _____ Phone: _____

Any illness or unusual condition? Yes ___ No ___

If yes, explain and describe special care required: _____

Allergies: _____

Fears: _____

Food Dislikes: _____