

Information Sheet

Child Information

Last Name:		First Name:	
Home Phone:	DOB:	Place of Birth (City, State):	
Home Address:			
Child's Physician's Name:		Child's Physician's Phone:	
Allergies/Special Medical Conditions:			
Please list any schools your child has previously attended:			

Parent Information

Father's Full Name:		Mother's Full Name:	
Father's Occupation:		Mother's Occupation:	
Father's Business Name & Address:		Mother's Business Name & Address:	
Father's Business Phone:		Mother's Business Phone:	
Father's Cell Phone:		Mother's Cell Phone:	
Father's Email:		Mother's Email:	
Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed <input type="checkbox"/> Single			
Who has legal custody of the child?		Do both parents have legal rights to the child? Please Specify:	

Family Information

Siblings in the home:	Did sibling previously attend our preschool?
Name: _____ Age: _____ Current School: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Name: _____ Age: _____ Current School: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Name: _____ Age: _____ Current School: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other members in the household: _____	
If your family attends a church, please share with us which church:	