

*Please circle class:*    **3 Year M/W**            **3 Year T/TH**            **3 Year M/W/F**            **3 Year T/TH/F**  
                                 **4/5 Year T/W/TH**    **4 Year M/T/W/TH**    **4/5 Year M-F**            **2 Year M/W**

**UNITED CHURCH PRESCHOOL INFORMATION FORM (Page 1 of 2)**

Child's Name: \_\_\_\_\_ Sex: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Age Upon Entering School: \_\_\_\_\_ years \_\_\_\_\_ months

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Parent 1 Full Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Employer/Telephone: \_\_\_\_\_

Parent 2 Full Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Employer/Telephone: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell (Parent 1): \_\_\_\_\_ Cell (Parent 2): \_\_\_\_\_

Parents' Marital Status: \_\_\_\_\_

E-Mail Address (Please PRINT clearly- VERY important for Newsletters and Special Events):  
\_\_\_\_\_

Siblings (please include names and ages): \_\_\_\_\_  
\_\_\_\_\_

Child's Physician: \_\_\_\_\_ Telephone: \_\_\_\_\_

Allergies/Medical Concerns: \_\_\_\_\_  
\_\_\_\_\_

Emergency Contact Person #1: \_\_\_\_\_ Telephone: \_\_\_\_\_

Emergency Contact Person #2: \_\_\_\_\_ Telephone: \_\_\_\_\_

Custodial information of which preschool should be aware: \_\_\_\_\_  
\_\_\_\_\_

Child's previous group experience: \_\_\_\_\_  
\_\_\_\_\_

What are your child's favorite activities at home? \_\_\_\_\_  
\_\_\_\_\_

**UNITED CHURCH PRESCHOOL INFORMATION FORM (Page 2 of 2)**

Is/Has your child receiving/received any services? \_\_\_\_\_

\_\_\_\_\_

Describe any speech patterns that will help us to understand your child better (e.g. letter substitution, dropped consonants, special vocabulary, etc.):

\_\_\_\_\_

\_\_\_\_\_

What do you think is most special about your child? \_\_\_\_\_

\_\_\_\_\_

How did you hear about United Church Preschool? \_\_\_\_\_

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**MEDICAL RELEASE** (to be completed by parent)

In case of medical emergency, United Church Preschool reserves the right to contact emergency medical personnel. If the injury or condition is not life threatening or deemed a medical emergency, then United Church Preschool will make all arrangements to contact first the parent or guardian and/or emergency contacts listed on this form. If none of the afore mentioned can be reached, United Church Preschool will make every effort to contact the child's physician as listed on this form.

Parent Signature: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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**GENERAL PERMISSION**

I give my son/daughter \_\_\_\_\_ permission to accompany his/her class on all field trips taken during the year. I understand that this permission slip is for emergency situations only and that the individual permission slip for each trip is still required.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**PUBLICITY PERMISSION**

Pictures may be taken of my child and used for publicity including newspapers, websites and our school website.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**\*Please advise if you will have any problems participating during the school year (e.g. pregnancy, job, etc.) and add any other information you feel we should have about your child or family situation.**