

Please circle class: **3 Year M/W** **3 Year TU/TH** **3 Year M/W/F** **3 Year TU/TH/F**
 PREK M/TU/TH **PREK M-F** **2 Year W/F**

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? _____

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: _____

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: _____

PUBLICITY PERMISSION

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

Parent Signature: _____ Date: _____

***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.**