



Child Information Form

Child's Name: _____

Hair Color: _____ Eye Color: : _____ Height: : _____ ft. _____ in. Weight: _____ lbs.

CHILD HEALTH INFORMATION

Does your child have any allergies? Yes No

If yes: Dairy Nuts Medicine: _____ Other: _____

I understand that any of these foods may be within reach of my child when at preschool.

(Initials): _____ Will any medicines need to be administered during preschool? Yes No

If yes, please fill out a separate form entitled: *Medication Authorization, Administration & Log*

Does your child have any medical conditions that will affect play or learning? Yes No

If yes: _____

FAMILY INFORMATION

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____

Mother's Name: _____ Father's Name: _____

Mother's Cell: _____ Father's Cell: _____

Mother's Work Phone: _____ Father's Work Phone: _____

Parents Are: Married Divorced Separated Living Together

Are there any special custody arrangements? Yes No N/A

If yes, please explain and provide any legal documentation: _____

Name: _____ Relationship to Child: _____

Signature: _____ Date: _____