

Please Print
Child's Name: _____; Home Phone: _____

Date of Birth: _____

Class (Circle One): Infant Toddler Twos Threes Fours 5K

Days Attending: (circle days): M T W TH FR

Has a sibling in preschool : Y _____ N: _____

Address:

(street , city and zip)
zip

Email _____
(if you prefer your email address not to be seen check Bcc.)
Bcc

Mother: _____
Employer: _____

Work Phone: _____ ext: _____; Cell Phone: _____

Father: _____
Employer: _____

Work Phone: _____ ext: _____
Cell: _____
(Please Complete Back)

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Mother: _____
Employer: _____

Work Phone: _____ ext: _____; Cell Phone: _____

Father: _____
Employer: _____

Work Phone: _____ ext: _____
Cell: _____
(Please Complete Back)

Has Permission to Pick Up: (see parent's handbook about pickup by other than those listed)

1; Name: _____ Relationship: _____

Phone: _____ Cell: _____

2. Name: _____ Relationship: _____

Phone: _____ Cell: _____

3. Name: _____ Relationship: _____

Phone: _____ Cell: _____

Local Emergency Contact (other than parents):

Name _____ Relationship _____ Phone: _____ C _____

Name _____ Relationship _____ Phone: _____ C _____

Allergies &/or Special Medical Condition:

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