



GENERAL INFORMATION SHEET

Child's Full Name _____

Preferred Name _____ Male/Female Birthdate _____

Child's home phone number _____ Address _____

PARENT OR GUARDIAN INFORMATION

Mother's name _____ Phone _____

Mother's email address _____

Mother's address _____

Mother's occupation and place of employment _____

_____ Phone _____

Father's name _____ Phone _____

Father's email address _____

Father's address _____

Father's occupation and place of employment _____

_____ Phone _____

List local persons who may be called in an emergency and parents cannot be located:

Name	Telephone	Relationship
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Child's Physician _____ Telephone _____

Does child have any allergies? _____

Are there any special food or eating instructions? _____

FAMILY INFORMATION

Brothers and/or Sisters (please indicate ages)

Please list any other family members living with the child

PICK-UP

Persons authorized to pick up child _____

Persons *who May Not* pick up child _____

PERSONAL HISTORY

Parent's Church Affiliation _____

Does the child attend Sunday School? _____ Where? _____

Has child had previous group or preschool experience? _____

If so, where and when? _____

What words does child use for toileting? _____

Does your child speak English? If not what language is used in the home?

Please describe your child's preferred activities, any particular likes/dislikes, or other traits that you feel will be helpful to share with us: _____
