

Please Print

Child's Full Legal Name: \_\_\_\_\_

Nickname: \_\_\_\_\_ Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_

Sex: \_\_\_\_\_ Race: \_\_\_\_\_ (for statistical purposes only)

- |  |  |
|--|--|
| <input type="checkbox"/> Hispanic/Latin                      | <input type="checkbox"/> American Indian/ Alaskan Native |
| <input type="checkbox"/> Asian                               | <input type="checkbox"/> Black or African American       |
| <input type="checkbox"/> Native Hawaiian or Pacific Islander | <input type="checkbox"/> White                           |

Child's Home Phone: \_\_\_\_\_

Child's Home Address: \_\_\_\_\_

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

Home E-mail Address: \_\_\_\_\_

Child lives with:  both parents  Mother  Father  Other \_\_\_\_\_

Primary Contact and Release Persons

Mother or Guardian: \_\_\_\_\_

Father or Guardian: \_\_\_\_\_

Cell Phone# : \_\_\_\_\_

Cell Phone# : \_\_\_\_\_

Employer: \_\_\_\_\_

Employer: \_\_\_\_\_

Work phone#: \_\_\_\_\_

Work phone#: \_\_\_\_\_

Work hours: \_\_\_\_\_

Work hours: \_\_\_\_\_

\*\*If mother and/or father have a different address from the child, check here \_\_\_\_ and write address below:

Persons permitted to remove child from preschool: Mother \_\_\_\_\_ Father \_\_\_\_\_ Guardian \_\_\_\_\_

List Alternates on reverse side.

**IF THERE ARE ANY CUSTODIAL RESTRICTIONS, PLEASE ATTACH DOCUMENTATION.**

List Family members your child lives with - include names & ages of siblings: \_\_\_\_\_

Do you attend church? If so, where \_\_\_\_\_

Class Requested: \_\_\_\_\_

Office Use Only	Date Received _____
Placement:	
Paperwork completed: O P G DL BC BL Y	
VPK: EV AP OP.DAYS	
Special needs:	

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

**Alternate Person Authorized to Pick Up Child:** Please notify the school if an Alternate will pick up your child on a given day.

Name #1 \_\_\_\_\_ Relationship to child \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Name #2: \_\_\_\_\_ Relationship to child: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Name #3: \_\_\_\_\_ Relationship to child: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Name #4: \_\_\_\_\_ Relationship to child: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**Emergency Contact:**

In the event of illness, accident or emergency where immediate professional treatment is not necessary, if we are unable to reach you may we call an above named person and release your child to their care?

PLEASE INITIAL YES \_\_\_\_\_ OR NO \_\_\_\_\_

- School staff will release your child only to you or to those persons you have listed above.
- If you want a person who is not on this list to pick up your child you must notify the school staff in advance, in writing. Please notify persons authorized to pick up to bring their Driver's License when they come for your child.
- If you are late for pick up your child will be sent to Extended Day and you will be charged accordingly.

Is there anything else you would like us to know about your child? For example: temperament, special interests, etc.