



PRESCHOOL INFORMATION SHEET

Date Completed _____

Child's Name _____

Parent/Guardian Name _____

Address _____

City _____ State _____ Zip _____

Home Phone _____

Work Phone _____

Cell Phone _____

Child's Date of Birth ____/____/____

Medical or other information we need to know (please include any food allergies):

In the event of an emergency, whom do we call?

Name and Phone _____

Name and Phone _____

Who may pick up this child at the end of day/event?
