

FIRST METHODIST PRESCHOOL

Please check one: 4's - 5 days _____ 3's - 5 days _____
3 days (T,W,Th) _____
2's - 5 days _____
3 days (MWF) _____ Toddlers (M,W,F) _____
2 days (T,Th) _____

CHILD'S NAME _____
CHILD IS CALLED _____ SEX _____
STREET ADDRESS _____
MAILING ADDRESS _____ CITY _____ ZIP _____
E-MAIL ADDRESS _____
PHONE _____ CELL PHONE(S) _____
BIRTHDATE _____ (INCLUDING YEAR)

Mother's Name _____ Employer _____
Bus. Phone _____
Father's Name _____ Employer _____
Bus. Phone _____
Marital Status _____ Child Lives With _____
Church Affiliation _____
Other Children in Family _____
Has child attended Preschool or Day Care before? _____
Where? _____
Family Doctor or Pediatrician _____ Phone _____
Are immunizations up to date? _____ Any allergies or other health problems?

How does the child react to other children? _____
To adults? _____ Any specific fears? _____
If child will be in a three or four year old class, is he toilet trained? _____
Any additional information that might help us work with the child?

Please complete the other side of this form.

THE FOLLOWING PEOPLE MAY PICK MY CHILD UP AFTER SCHOOL:

(Please give phone numbers.)

Is there anyone who may NOT pick up your child? _____

I understand I will notify the school if anyone other than those listed above is to pick up my child.

_____ Please initial.

If parents cannot be reached in an emergency, please notify: (These should be people who can be reached at 12:00 when school ends as well as during the morning.)

NAME _____ PHONE _____ RELATIONSHIP _____

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If you have an afternoon care-giver, please give name and phone number.

Has this child or any other child in your immediate family attended the Preschool or David Day Care? _____

If so, when? _____

(For office use:)

Reg. fee paid _____

Teacher _____

Shirt size _____