

Amazing Grace Christian Preschool

Information Sheet

Class \_\_\_\_\_ Days \_\_\_\_\_ E/L

Child's Name \_\_\_\_\_ Name used in the home \_\_\_\_\_

Address \_\_\_\_\_ Zip code \_\_\_\_\_ Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_

Primary Phone \_\_\_\_\_ Enrollment date \_\_\_\_\_ Female \_\_\_\_\_ Male \_\_\_\_\_

Parent's Names: Mother \_\_\_\_\_ Father \_\_\_\_\_ Guardian \_\_\_\_\_

Doctor's Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

In case of emergency, if parents can't be reached, please contact:

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Father's Occupation \_\_\_\_\_ Place \_\_\_\_\_ Phone \_\_\_\_\_

Mother's Occupation \_\_\_\_\_ Place \_\_\_\_\_ Phone \_\_\_\_\_

Name of Church Child attends: \_\_\_\_\_ Church activities \_\_\_\_\_

Father \_\_\_\_\_ Mother \_\_\_\_\_ Email \_\_\_\_\_

Names/Ages of Siblings in household: \_\_\_\_\_

Others in the Home/Relationship: \_\_\_\_\_

Has your child attended Preschool/Day Care before? \_\_\_\_\_ If yes, where \_\_\_\_\_

Does your child have any decided fears? \_\_\_\_\_ If yes, what? \_\_\_\_\_

Allergies, if any \_\_\_\_\_ Special Eating instructions: \_\_\_\_\_

Special words used to go to the bathroom? \_\_\_\_\_ If yes, what? \_\_\_\_\_

Who is authorized to pick up your child(ren)? Mom? \_\_\_\_\_ Dad? \_\_\_\_\_

Others authorized: (require 2 people below)

Name/Relationship: \_\_\_\_\_ Phone \_\_\_\_\_

Name/Relationship: \_\_\_\_\_ Phone \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

Permission to share information sheet with teachers \_\_\_\_\_ (initial)