

The class I choose for

my child is:

M/W/F morning ____

T/Th morning ____

M-F afternoon ____



Little Fish Preschool
Child Record

Child's Name: _____ Birth Date: _____

Mother's Name: _____

Address: _____

Mother's Phone #: Home: _____ Work: _____

Cell: _____

Mother's Employer: _____

Religious Affiliation: _____

e-mail address: _____

Father's Name: _____

Address: _____

Father's Phone #: Home: _____ Work: _____

Cell: _____

Father's Employer: _____

Religious Affiliation: _____

e-mail address: _____

Persons To Whom Child May Be Released (Other Than Parent):

Name: _____ Name: _____
Address: _____ Address: _____
City/State: _____
Phone: _____ Phone: _____

Person To Call In Case Of Emergency (Other Than Parent):

Name: _____
Phone: _____
Address: _____

Child's Medical Information:

Any health problems I should know about:

Medications taken (if any and why):

Physical limitations, allergies (including food), etc.:

Any fears or habits I should know about:

Consent To Contact Physician In An Emergency:

In the event I cannot be reached, I hereby give my consent to Crystal Vanderbeek to contact _____(physician) at _____ (phone), and if necessary, take my child to the following physician(s) , clinic or hospital:

_____.

Parent Signature: _____ Date: _____

Transportation Permission:

I hereby give Crystal Vanderbeek permission to transport or arrange for transportation of my child,

_____.

Signature of Parent: _____

Date: _____

Other Information:

What type of play or special interests would you describe as being your child's favorite?

Can he/she be relied upon to indicate bathroom needs?

I certify that the information given is correct to the best of my knowledge.

Parent Signature: _____

Date: _____

