

AFUMC WEEKDAY PRESCHOOL STUDENT INFORMATION FORM

Please print neatly in blue or black ink. One form per child.

Child's Full Name: _____ Birth Date : _____

Called Name: _____ Boy or Girl: _____

Parent 1 Name: _____ Parent 1 Phone: _____

Parent 2 Name: _____ Parent 2 Phone: _____

Home Address: _____ City/ST/Zip: _____

Parent 1 Email: _____

Parent 2 Email: _____

EMERGENCY

In the event a parent cannot be reached, please list others you would like to be contacted in an emergency. Listing these persons grants them permission to transport your child from school.

Name	Phone #	Relationship
1. _____	_____	_____
2. _____	_____	_____

MEDICAL

Please list any conditions including asthma or allergies the preschool staff should be aware; use separate page if needed: _____

Insurance Carrier: _____ Policy Number: _____

Do not hesitate to administer medicine or call Rescue Squad even if parents cannot be reached.

Parent Signature: _____ Date: _____

CARPOOL

CARPOOL PERMISSION: Please list anyone you wish to give permission to pick up your child. Additionally, please communicate daily transportation changes to your child's teacher in writing.

Name	Phone #	Relationship
1. _____	_____	_____
2. _____	_____	_____