



# INFORMATION VERIFICATION

## Student Information

Full Name		
What should we call the child?	DOB	<input type="checkbox"/> Male <input type="checkbox"/> Female
Address (street, city and zip)		
Important medical information (allergies/handicaps/diseases), please list:		<input type="checkbox"/> none
Potty-trained? <input type="checkbox"/> Yes <input type="checkbox"/> No	Up-to-date on immunizations? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain:	
Child lives with: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Both <input type="checkbox"/> Guardian (please specify):	Primary language spoken:	
Siblings:		
Name / DOB	Name / DOB	Name / DOB

## Primary Contacts

Parent/Guardian Name		Relationship to Student
Email Address	Address (street, city and zip) <input type="checkbox"/> same as student	
Phone <input type="checkbox"/> Home <input type="checkbox"/> Mobile <input type="checkbox"/> Work	Phone <input type="checkbox"/> Home <input type="checkbox"/> Mobile <input type="checkbox"/> Work	Occupation

  

Parent/Guardian Name		Relationship to Student
Email Address	Address (street, city and zip) <input type="checkbox"/> same as student	
Phone <input type="checkbox"/> Home <input type="checkbox"/> Mobile <input type="checkbox"/> Work	Phone <input type="checkbox"/> Home <input type="checkbox"/> Mobile <input type="checkbox"/> Work	Occupation

## How did you first hear about our preschool?

Internet Search  NAEYC  Referred by: \_\_\_\_\_  Other: \_\_\_\_\_

<b>Parent/Guardian completing this form</b>	<b>Signature</b>	<b>Date</b>
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### OFFICE USE:

Fee Included with this form \$

### Summer

PS / PK / JK

MWF / TTh / M-F

AM / PM / Ext / Full

### School Year

PS / PK / JK

MWF / TTh / M-F

AM / PM / Ext / Full

Cash  Check#

### Parent/Toddler

Summer Mon / Wed

Fall Mon/ Wed

Spring Mon / Wed