



Information Verification

Student Information

Full Name _____ DOB _____

What should we call the child? _____ Male Female

Address (street, city and zip) _____

Primary language spoken English Other _____

Potty-trained? Yes No

Up-to-date on immunizations? Yes No, please explain: _____

Important medical information (allergies/handicaps/diseases), please list: _____ none

Food sensitivities or aversions: _____ none

Previous preschool or group play experience: _____ none

Pediatrician's Name _____

Pediatrician's Phone Number: (_____) _____

Siblings

Name _____	Name _____	Name _____
DOB _____	DOB _____	DOB _____
Attends/attended NCCDP? <input type="checkbox"/> Yes <input type="checkbox"/> No	Attends/attended NCCDP? <input type="checkbox"/> Yes <input type="checkbox"/> No	Attends/attended NCCDP? <input type="checkbox"/> Yes <input type="checkbox"/> No

Primary Contacts

Child lives with: Mother Father Both Guardian, please specify: _____

Parent/Guardian Name _____ Relationship to Student _____

Email Address _____ Occupation _____

Address (street, city and zip) same as student other: _____

Phone (_____) _____ Home Work Mobile, please list carrier _____

Phone (_____) _____ Home Work Mobile, please list carrier _____

Parent/Guardian Name _____ Relationship to Student _____

Email Address _____ Occupation _____

Address (street, city and zip) same as student other: _____

Phone (_____) _____ Home Work Mobile, please list carrier _____

Phone (_____) _____ Home Work Mobile, please list carrier _____

How did you first hear about our school?

Online Search Referred by: _____ Other: _____

Name of Parent/Guardian completing this form: _____

Signature: _____ Date _____