

## General Info

Child's first and last name \_\_\_\_\_

Nickname \_\_\_\_\_ Birthdate \_\_\_\_\_

Address \_\_\_\_\_

Home phone \_\_\_\_\_

Mother's first and last name \_\_\_\_\_

Cell phone \_\_\_\_\_

Address \_\_\_\_\_

Occupation \_\_\_\_\_

Work Phone \_\_\_\_\_

Father's first and last name \_\_\_\_\_ Cell Phone \_\_\_\_\_

Address \_\_\_\_\_

Occupation \_\_\_\_\_

Work Phone \_\_\_\_\_

Name and ages of siblings \_\_\_\_\_

Family email \_\_\_\_\_

Emergency Contacts (must be local):

1. Name \_\_\_\_\_ Home phone \_\_\_\_\_ Cell phone \_\_\_\_\_

2. Name \_\_\_\_\_ Home phone \_\_\_\_\_ Cell phone \_\_\_\_\_

Is this your child's first Preschool School Experience? \_\_\_\_\_ If no, where did he/she attend? \_\_\_\_\_

Please list any allergies or health issues:

Allergies \_\_\_\_\_

Reaction \_\_\_\_\_

Other \_\_\_\_\_

Please let us know if your child receives any services or has had any evaluations for services:

Speech \_\_\_\_\_

Occupational Therapy \_\_\_\_\_

Physical Therapy \_\_\_\_\_

Feel free to add any information that would help us to better understand your child (fears, nervous habits, toileting issues, adoption, surgery hospitalization, etc.).