

Child's Name: \_\_\_\_\_ Name Called: \_\_\_\_\_ Birthday: \_\_\_\_\_

Parent's Names (mom/dad): \_\_\_\_\_

Lives With: Mom Dad Both

Address: \_\_\_\_\_

Phone Numbers: best number: \_\_\_\_\_ second best: \_\_\_\_\_

Emails: mom: \_\_\_\_\_ dad: \_\_\_\_\_

Emergency Contact (Name/number): \_\_\_\_\_

How will your child get home? Walk Car Bike Bus (color): \_\_\_\_\_ Daycare: \_\_\_\_\_

Medical Needs/Concerns/Allergies:

\_\_\_\_\_

\_\_\_\_\_

Siblings (school/grade/age):

\_\_\_\_\_

\_\_\_\_\_

Preschool Attended? Yes No Name: \_\_\_\_\_

Any Additional Information you would like for me to know about your child?  
(Strengths/weaknesses/goals/etc.)

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