



Embry Hills United Methodist Preschool & Kindergarten

Preschool Information & Emergency Form

___ 1 year (Tu/Th)

___ 2 ½ year (Tu/Th)

___ 3 year (M-F)

___ 1 year (W/F)

___ 2 ½ year (M/W/F)

___ Pre-K (M/W/F)

___ 2 year (Tu/Th)

___ 2 ½ year (M-F)

___ Pre-K (M-F)

___ 2 year (M/W/F)

___ 3 year (M/W/F)

___ Kindergarten (M-F)

Child's Name _____ Date of Birth _____

Name Child Goes By _____ Male/Female _____

Mother's Name _____ Father's Name _____

Address _____ Apt # _____

City _____ Zip Code _____ Primary Contact Number _____

Mom Cell _____ Mom Work _____

Dad Cell _____ Dad Work _____

Other Phone Numbers _____

Email address(s) _____

Brothers & Sisters (names and ages) _____

Does child live with both parents? Yes ___ No ___ If no, with whom does child live? _____

Is child ___ right-handed ___ left-handed. Name of elementary school your child will attend? _____

Primary language spoken at home _____ Is your child able to communicate in English? _____

Church affiliation: _____

List previous preschool experience: _____

List any allergies your child has: _____

What is the allergic reaction and treatment? _____

Please list any special medical/physical conditions your child has: _____

Please list any medications your child takes on a regular basis: _____

Has your child been diagnosed with any special needs? _____ If yes, please specify: _____

Is there anything you would like to add about your child that would help us better serve his/her needs?

Family Doctor: _____ Phone: _____

Medical Facility preferred: _____

FIRST AID PERMISSION & EMERGENCY INFORMATION

I give Embry Hills United Methodist Church Preschool & Kindergarten permission to administer first aid to my child. In case of emergency, the school staff promptly contacts the parents. If neither the parent or the emergency phone numbers can be reached, and in case of a surgical emergency, I hereby give permission to the physician selected by the school staff to hospitalize and secure proper treatment for my child.

Signature _____ Date _____

(Parent or Guardian)

Please list at least **3 EMERGENCY CONTACTS** for us to call when we are unable to locate parents or guardians. **YOU MUST PROVIDE AT LEAST THREE (3) NAMES.** These persons have your permission to pick up your child from school in the event of illness or other emergency.

Name	Relationship	Phone

Name of persons who may pick your child up from school, excluding parents:

Name _____ Phone _____

Name _____ Phone _____

Name of persons who **MAY NOT** pick up your child: _____
