First Steps To Big Dreams Preschool

Parent & Child Information Form

Thank you for providing the information below. This information helps us provide the best care possible and ensure we are prepared to meet your child's individual needs.

Parent/Guardian Contact Information

Primary Contact Person Name:

Relationship to Child:

Email Address:

Phone Number:

Additional Emergency Contact (Optional):

Emergency Contact Phone Number:

Child Information

Child's Full Name:

Child's Birthday:

Child's Age:

Child's Gender:
☐ Male
☐ Female
☐ Other: ___

Child's Race (Optional):

Child's Ethnicity (Optional):

Health & Medical Information

Does your child have any allergies?
☐ No
☐ Yes

If yes, please list allergies and reactions:

Does your child take any medications?
☐ No
☐ Yes

If yes, please list medication name, dosage, and instructions:

Medical Notes/Important Information We Should Know About Your Child:
(Health concerns, developmental information, comfort needs, dietary needs, routines, etc.)

Child's Doctor Information

Doctor's Name:

Doctor's Office/Clinic (Optional):

Doctor’s Phone Number:

Additional Information About My Child

My child’s strengths, interests, favorite activities, or things that help them feel comfortable:

Anything else you would like your child’s teachers to know:

Parent/Guardian Signature:

Date:

Thank you for helping us learn more about your child so we can provide a safe, loving, and supportive environment.