



2026-2027 GENERAL INFORMATION SHEET

Child's Full Name _____

Preferred Name _____ Male/Female Birthdate _____

Address _____

Phone Number(s) _____

PARENT OR GUARDIAN INFORMATION

Mother's name _____ Phone _____

Mother's email address _____

Mother's address _____

Mother's occupation and place of employment _____
_____ Phone _____

Father's name _____ Phone _____

Father's email address _____

Father's address _____

Father's occupation and place of employment _____
_____ Phone _____

List local persons who may be called in an emergency and parents cannot be located:

Name	Telephone	Relationship
------	-----------	--------------

Child's Physician _____ Telephone _____

Does child have any allergies? If so, please list: _____

Are there any special food or eating instructions? _____

(OVER)

FAMILY INFORMATION

Brothers and/or Sisters (please indicate ages)

Please list any other family members living with the child

Page 10 of 10

PICK-UP

Persons authorized to pick up child _____

Persons who *May Not* pick up child _____

PERSONAL HISTORY

Parent's Church Affiliation

Has child had previous group or preschool experience?

If so, where and when?

What words does child use for toileting?

Does your child speak English? If not what language is used in the home?

Please describe your child's preferred activities, any particular likes/dislikes, or other traits that

you feel will be helpful to share with us: _____