

# \* Miss Katie's Preschool Playgroup \*

## Family Information Sheet

**Child's Name** \_\_\_\_\_

**Age** \_\_\_\_\_

**Birthdate** \_\_\_\_\_

**Parent's Name(s)**

( )

\_\_\_\_\_  
**Phone number**

( )

\_\_\_\_\_  
**Phone Number**

**Emergency Contact if parent cannot be reached:**

( )

\_\_\_\_\_  
**Phone Number**

**Any known allergies or health conditions that we should be made aware of?  
Please describe below:**

**Any additional information about your child that you would like to share with Miss Katie's Preschool Playgroup?**