AFUMC WEEKDAY PRESCHOOL STUDENT INFORMATION FORM

*Please print neatly in blue or black ink. One form per child.*

Child’s Full Name: Birth Date :

Called Name: Boy or Girl:

Mother’s Name: Father’s Name:

Home Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City/ST/Zip:

Mother’s Email:

Father’s Email:

Please list parent contact numbers in the order you wish us to call in the case of accident/illness.

PARENT PHONE

Name Relationship Phone #

1.

2.

3.

4.

Please list any **conditions** including asthma or allergies the preschool staff should be aware;

MEDICAL

use separate page if needed:

Insurance Carrier: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Policy Number:

**Do not hesitate to administer medicine or call Rescue Squad even if parents cannot be reached.**

Parent Signature: Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In the event a parent cannot be reached, please list others you would like to be contacted in an

EMERGENCY

emergency. Listing these persons grants them permission to transport your child from school.

Name Relationship Phone #

1.

2.

3.

CARPOOL

**CARPOOL PERMISSION:** Please list anyone you wish to give permission to pick up your child.

Additionally, please communicate daily transportation changes to your child’s teacher in writing.

Name Relationship Phone #

1.

2.

3.