

A TIME TO GROW PRESCHOOL
INFORMATION RECORD

Child's Name _____ Nickname _____

Boy _____ Girl _____ Birthdate _____ Allergies _____

Address _____ Home Phone _____

_____ E-MAIL _____

ZIP CODE

Father's Name _____ Business Phone _____

Where Employed _____ Cell Phone _____

Mother's Name _____ Business Phone _____

Where Employed _____ Cell Phone _____

Brother & Sisters in family: Names & Birth Dates:

Previous Nursery School or group experience _____

Does your child have any special physical or emotional needs we should know about? Has this child had any serious upsets, death or illnesses in the family? _____

Is there anything you can tell us about your child that will help us deal more effectively with him/her in the classroom? _____

I give my permission and/or consent to A Time to Grow Preschool to secure and authorize such emergency medical care and/or treatment as my child (above named) might require while under the supervision of A Time to Grow Preschool. I also authorize said preschool to administer emergency care or treatment as required, until emergency medical assistance arrives. I also agree to pay the entire costs and fees contingent on any emergency medical care and/or treatment for my child as secured or authorized under this consent.

I UNDERSTAND THAT EVERY EFFORT WILL BE MADE TO NOTIFY PARENTS IMMEDIATELY IN CASE OF EMERGENCY.

Emergency Phone Number (other than home):

Name _____ Phone # _____

Child's Doctor _____ Hospital _____

Doctor's Phone _____

Parent's Signature(s)

Date