

United Preschool Child Information Form

School Year 2023-2024

Date _____, 20____

Name of child _____ Date of birth _____
(Last) (First) (Middle)

Address: _____
(Street) (City) (State) (Zip Code)

What name does your child go by? _____

Father's/Guardian Information:

Mother's/Guardian Information:

Name _____ Name _____

Address _____ Address _____

Home Phone _____ Home Phone _____

Cell Phone _____ Cell Phone _____

E-mail Address _____ E-mail Address _____

Occupation _____ Occupation _____

Employer _____ Employer _____

Employer Address _____ Employer Address _____

Employer Telephone _____ Employer Telephone _____

Are parents living together? _____ Married _____ Separated? _____ Divorced? _____

If separated or divorced, who has custody of the child? _____

Does the non-custodial parent have a right to be informed of the student's progress? ___ YES ___ NO

This information is mandatory (if your child does not have a Doctor or Dentist you still need to list someone):

DOCTOR:

(Name) (Clinic) (Address) (Telephone)

DENTIST:

(Name) (Clinic) (Address) (Telephone)

PLEASE LIST A DENTIST EVEN IF YOUR CHILD HAS NOT SEEN ONE!

In case of emergency, who should be called **other than a parent: (Please list two)**

****Emergency contacts must be able to pick up the student within 20 minutes****

(Name)

(Name)

(Address)

(Address)

(Home Phone)

(Home Phone)

(Work/Cell Phone)

(Work/Cell Phone)