

West Nash Church Preschool

STUDENT INFORMATION FORM

Student Information	
Child's Full Name:	
Name to be called:	
Birthdate:	
Street Address:	
City, State, Zip:	
Home Phone:	
Has child attended Preschool before? If so, Where?	
Allergies or medical problems which we need to be aware of:	

Family Information	
Mother's Name:	
Employer:	
Work Phone:	
Cell Phone:	
Home Phone	
Father's Name:	
Employer:	
Work Phone:	
Cell Phone:	
Name(s) & Age(s) of Siblings:	
Name of Church that Family attends:	

(Continued on back)

Medical/Emergency Information

Medical Contacts:

Child's Physician:		Phone:	
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Child's Dentist:		Phone:	
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NOTE: A copy of the child's immunization record MUST be turned in by September 30, 2017

Emergency Contacts (*in case parents cannot be reached*)

Name :		Phone:	
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Name :		Phone:	
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Name :		Phone:	
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Transportation/Pick Up Information

Persons to whom your child may be released:

Name :		Phone:	
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Name :		Phone:	
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Name :		Phone:	
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Name :		Phone:	
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Name :		Phone:	
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****Persons to whom your child MAY NOT be released:**

Name :		Phone:	
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Name :		Phone:	
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Name :		Phone:	
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Signature of parent/guardian:

Date:

Comments: