

Reynolda Preschool

Family Information 2022-2023

Child(ren) attending preschool: _____

1. Parent/Guardian _____ Relationship to Child _____

Address _____ City _____ Zip _____

Email Address _____ Primary Phone _____

Occupation/Employer _____ Work Phone _____

2. Parent/Guardian _____ Relationship to Child _____

Email Address _____ Primary Phone _____

Occupation/Employer _____ Work Phone _____

Are you a member of a church? If so, which one? _____

People/pets in home (We love to know who your children are talking about at school!)

Emergency Contacts

*Please list **local** contacts who have your consent to pick up your child from school and who can be contacted in an emergency if guardians listed above are unavailable.*

Name	Relationship to Child	Phone	Alt. Phone

Please list the names of any *other* persons to whom the child may be released (not listed above)

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Medical Information

Child's Doctor _____ Phone _____

First Child Information

Child's full name:

Name child is called:

Date of birth:

Previous preschool experience:

Allergies:

Does your child have any special needs or evaluations (e.g., speech, OT)?

Is your child potty-trained?

How is your child comforted?

Second Child Information

Child's full name:

Name child is called:

Date of birth:

Previous preschool experience:

Allergies:

Does your child have any special needs or evaluations (e.g., speech, OT)?

Is your child potty-trained?

How is your child comforted?

Anything else you would like us to know about your child(ren) or family?