



Class:

HILLSIDE PRESCHOOL

INFORMATION FORM

2018-2019

Child Information:

Child's name:	Date of birth:	Gender: M_____ F_____
Nickname:	Is your child toilet trained during the daytime? _____yes _____no	Names & ages of siblings:
Primary language spoken at home: Other languages spoken:	Does your child receive any special services, such as speech therapy, occupational therapy, behavioral therapy or early intervention? Please explain.	

Parent Information:

Mother's name:	Father's name:
Address:	Address:
Cell #:	Cell #:
Home#:	Home #:
Work #:	Work #:
Email:	Email:

Emergency Information:

Contact #1: <small>other than yourself or your spouse</small>	Contact #2: <small>other than yourself or your spouse</small>	Child's physician:
Phone #:	Phone #:	Phone #:
Relationship to child:	Relationship to child:	Hospital preference, in case of emergency:

Pick-up Authorization: Individuals other than custodial parents.

Name:	Name:	Name:
Phone #:	Phone #:	Phone #:
Relationship to child:	Relationship to child:	Relationship to child: