



Class: _____

Hillside Preschool: **Information Form** 2023-24 School Year

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:	Does your child receive any special services, such as speech therapy, occupational therapy, behavioral therapy or early intervention? Please explain:	
Other languages spoken:		

Parent Information:

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

Alternate Contact Information: *Please be sure to list at least 2 Contacts and at Least One of each type

Contact Name	Phone Number	Relationship to Child	Please Check
			<input type="checkbox"/> Emergency Contact <input type="checkbox"/> Authorized Pick Up
			<input type="checkbox"/> Emergency Contact <input type="checkbox"/> Authorized Pick Up
			<input type="checkbox"/> Emergency Contact <input type="checkbox"/> Authorized Pick Up

Emergency Information:

Child's physician:	Phone #:	Hospital preference, in case of emergency:
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