

Class: _____



Hillside Preschool: Information Form

2024-25 School Year

(PLEASE PRINT NEATLY)

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: *Please note, we will always try to reach parents first in an emergency

Mother's name:	Father's name:
Address:	Address:
Cell #:	Cell #:
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 *Please do not list the above parents. This is in case we can't get in touch with you.

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: <input type="checkbox"/> Closest Available <input type="checkbox"/> Other: _____
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