



Class: \_\_\_\_\_

**HILLSIDE PRESCHOOL**  
**INFORMATION FORM**  
 2019-2020

**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 #:
Email:	Email:
Employer Name:	Employer Name:
Employer Address:	Employer Address:
Work #:	Work #:

**Emergency Information:**

Contact #1: <u>other than yourself or your spouse</u>	Contact #2: <u>other than yourself or your spouse</u>	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 who have permission to pick up child.

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

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