

Mother's Name: _____

Employer's Name: _____

Employer's Address: _____

Work Phone: _____

Mobile Phone: _____

Work Hours: _____

E-mail Address: _____

Father's Name: _____

Employer's Address: _____

Work Phone: _____

Mobile Phone: _____

Work Hour: _____

E-mail Address: _____

Marital Status: _____

Legal Guardian of Child: _____

People authorized to pick up your child: _____

Name and Ages of Siblings: _____

Is your child completely toilet trained? _____

Do you expect your child to nap here? _____

Has your child previously attended preschool? _____

Child doctor's name: _____

Address: _____

Telephone: _____

Email Address: _____

Any known allergies: _____

Big Events in your child's life: _____

Describe any social, emotional or physical needs your child may have:

What goals do you have for your child that you hope will be attained at

The learning Place? _____

