

Little Lamb Preschool
Student Information Form

Child's Name: _____ Nickname: _____

Birthday: _____

Address: _____

Parent Email: _____

Does your child have any allergies or medical concerns? _____

Names, relationships, and cell phone number for adults authorized to pick up your child: _____

Who lives in the home with the child? (names and relationships): _____

What are a few words that describe your child? _____

What are some things that interest your child? _____

Do you have any concerns about your child's development? _____

Has your child previously attended a preschool or daycare? If so, what program? _____

Is your child currently receiving or have they ever received services (Speech, OT, PT, other). If so when and who provided these services? _____

What school district do you expect your child to attend for Kindergarten? _____

What do you wish for your child to gain through attending Little Lamb Preschool?

Emergency Waiver:

I give permission to the staff of Hamburg United Methodist Church: Little Lamb Preschool to act in the following capacity in the event of an emergency:

In the event of an emergency, I authorize the staff of Little Lamb Preschool to obtain emergency transportation and treatment for my child at a hospital or private physician's office: Yes: _____ No: _____

Signature of Parent/Guardian

Relationship

Date