

FAITH PRESBYTERIAN PRESCHOOL & KINDERGARTEN  
**CHILD'S ENROLLMENT RECORD – INFORMATION SHEET**

Child's Name \_\_\_\_\_ Registration date \_\_\_\_\_

Preferred Name \_\_\_\_\_ Sex \_\_\_\_\_ Birthdate \_\_\_\_\_

Child's Home Address \_\_\_\_\_ Home Ph.# \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Mobile Ph. # \_\_\_\_\_

Child's Physician's Name \_\_\_\_\_ Phone# \_\_\_\_\_

Has your child attended preschool before? \_\_\_\_\_ If so, where? \_\_\_\_\_

Are you a Faith Preschool Alumni? \_\_\_\_\_ Faith Presbyterian Church Member? \_\_\_\_\_

In an emergency, do we have permission to call a local hospital? Yes/No (circle one) TMH/ CRMC (Circle one)

Medical Insurance Carrier & Group# \_\_\_\_\_

List any known allergies your child has: \_\_\_\_\_

Preferred Primary E mail address \_\_\_\_\_

**Parent's Information**

Parents Are:

Check one:  Guardian  Married  Divorced  Legal Custody

**Parent**  
Name \_\_\_\_\_

**Parent**  
Name \_\_\_\_\_

Age \_\_\_\_\_ Business Ph. # \_\_\_\_\_

Age \_\_\_\_\_ Business Ph. # \_\_\_\_\_

Occupation \_\_\_\_\_

Occupation \_\_\_\_\_

Church \_\_\_\_\_ Member \_\_\_\_\_

Church \_\_\_\_\_ Member \_\_\_\_\_

Hobbies/Interest \_\_\_\_\_

Hobbies/Interests \_\_\_\_\_

Child's Brothers and/or sisters (please indicate ages)

\_\_\_\_\_

Please list at least two people (who are authorized to pick up your child from school) that we should call in case of an emergency, if parents are not available:

Name \_\_\_\_\_ Phone # \_\_\_\_\_

Name \_\_\_\_\_ Phone # \_\_\_\_\_

Please list any person/s authorized to have access to your child's health information: \_\_\_\_\_

Please list any person/s not authorized to pick up your child from school:

\_\_\_\_\_