

## PRE-K CHILD INFORMATION

Name of Child: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Birth Date of Child: \_\_\_\_\_

Name(s) of Parent/Guardian: \_\_\_\_\_

Best Email to Reach You: \_\_\_\_\_

Cell Number(s): \_\_\_\_\_

First Number to Call: \_\_\_\_\_

Allergies: \_\_\_\_\_

List Siblings of Your Child: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Did your child attend school prior to this year? (circle one)    yes            no

Please write anything you think I should know about your child:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Thank you so much for taking the time to fill out this form! I know we are going to have a great year!