

A TIME TO GROW PRESCHOOL
INFORMATION RECORD

Child's Name _____ Nickname _____

Boy _____ Girl _____ Birthdate _____ Allergies _____

Address _____

Home Phone _____ E-MAIL _____

Parent/Guardian _____

Where employed _____ Cell Phone _____

Parent/Guardian _____ Business Phone _____

Where employed _____ Cell Phone _____

Brother & Sisters in family: Names & Birth Dates:

Previous Nursery School or group experience _____

Will your child be receiving any services during our school day? If so, do you know the schedule yet so we can try to best meet their needs? _____

Has your child had any serious upsets, death, or illnesses in the family?

Is there anything you can tell us about your child that will help us deal more effectively with him/her in the classroom?

I give my permission and/or consent to A Time to Grow Preschool to secure and authorize such emergency medical care and/or treatment as my child (above named) might require while under the supervision of A Time to Grow Preschool. I also authorize said preschool to administer emergency care or treatment as required, until emergency medical assistance arrives. I also agree to pay the entire costs and fees contingent on any emergency medical care and/or treatment for my child as secured or authorized under this consent.

I UNDERSTAND THAT EVERY EFFORT WILL BE MADE TO NOTIFY PARENTS IMMEDIATELY IN CASE OF EMERGENCY.

Emergency Phone Number (other than home):

Name _____ Phone # _____

Child's Doctor _____ Hospital _____

Doctor's Phone _____

Parent's Signature's _____ Date _____

Elementary School your child will be attending
