



# **CHRIST CHURCH EPISCOPAL PRESCHOOL INFORMATION FORM**

*Please do not leave any spaces blank.*

Child's Full Name \_\_\_\_\_ Birthdate: \_\_\_\_\_ Sex \_\_\_\_\_

Child's Complete Address \_\_\_\_\_

Name and address of previous school(s) attended \_\_\_\_\_

Language spoken at home \_\_\_\_\_

## **PARENT INFORMATION:**

**Father/Male Legal Guardian** \_\_\_\_\_

Address \_\_\_\_\_

Home phone # \_\_\_\_\_ Work phone # \_\_\_\_\_ Cell phone# \_\_\_\_\_

Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Employer's Address \_\_\_\_\_

**Mother/Female Legal Guardian** \_\_\_\_\_

Address \_\_\_\_\_

Home phone # \_\_\_\_\_ Work phone # \_\_\_\_\_ Cell phone# \_\_\_\_\_

Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Employer's Address \_\_\_\_\_

## **CHILD'S HEALTH INFORMATION:**

**Child's Physician** \_\_\_\_\_ **Physician's Phone** \_\_\_\_\_

Does your child have any health problems? Yes No

If yes, please describe. \_\_\_\_\_

Does your child have any known allergies? (Please list) \_\_\_\_\_

Are there any foods your child cannot eat? \_\_\_\_\_

Does your child have any vision, hearing, or speech problems? \_\_\_\_\_

Does your child have any physical, emotional, or educational needs? \_\_\_\_\_

Does your child take any medication on a regular basis? \_\_\_\_\_

*(Please see page 2 located on the back of this form.)*

**CHILD'S HABITS**

Is your child potty trained? \_\_\_\_\_

How is your child disciplined? \_\_\_\_\_

How does your child interact with other children? \_\_\_\_\_

Describe your child's eating habits. \_\_\_\_\_

What are your child's sleep habits? Bedtime \_\_\_\_\_ Waking \_\_\_\_\_ Naptime \_\_\_\_\_

Emotional development:

Fears \_\_\_\_\_

Jealousy \_\_\_\_\_

Dependence on others \_\_\_\_\_

Nervous habits \_\_\_\_\_

What are the areas in which you feel your child excels? \_\_\_\_\_

What are the areas in which you feel your child has weaknesses? \_\_\_\_\_

Does your child have any siblings? If yes, state names and ages. \_\_\_\_\_

**EMERGENCY INFORMATION:**

I authorize the following people to pick up my child in the event I am unable to pick him/her up. **Please do not list parents as emergency contacts. Two LOCAL emergency contacts must be listed.**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

Parent/Legal Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_



**This section is to be completed by CCEP**

Proof of child's identity provided: Birth Certificate \_\_\_\_\_  
Child's Date of Birth \_\_\_\_\_ Issued \_\_\_\_\_  
Notification of birth (hospital, physician or midwife record) \_\_\_\_\_  
Other \_\_\_\_\_