



## STUDENT INFORMATION

### **Child's Information**

Legal Name (first, middle, last): \_\_\_\_\_

Name Child Goes By: \_\_\_\_\_

Gender: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Child lives with: \_\_\_\_\_

Primary Email address: \_\_\_\_\_

Primary Phone Number: \_\_\_\_\_

### **Family Information**

Mother's/Guardian's Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Where Employed: \_\_\_\_\_

Business Phone: \_\_\_\_\_

Father's/Guardian's Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Where Employed: \_\_\_\_\_

Business Phone: \_\_\_\_\_

**Information About Your Child**

Does your child have any known allergies: No\_\_\_ Yes\_\_\_

Please explain: \_\_\_\_\_  
\_\_\_\_\_

Please list any medical conditions the preschool needs to be aware of pertaining to your child's general health - physical/ social/emotional/etc...(Please write "NONE" if there are none)

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

Please give any information concerning your child which will be helpful in his/her experience in group setting (ex: play and eating habits, special fears, special likes or dislikes)

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

List ALL previous "school" experiences and dates attended:

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

**Emergency Care Information**

Child's doctor: \_\_\_\_\_ Office phone: \_\_\_\_\_

Office address: \_\_\_\_\_

Child's dentist: \_\_\_\_\_ Office phone: \_\_\_\_\_

Office address: \_\_\_\_\_

**Insurance Information**

Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_

**Emergency Contacts**

If neither mother or father (or guardian) can be contacted, call:

1. Name: \_\_\_\_\_

Relation to child: \_\_\_\_\_

Home phone: \_\_\_\_\_ Office/cell phone: \_\_\_\_\_

2. Name: \_\_\_\_\_

Relation to child: \_\_\_\_\_

Home phone: \_\_\_\_\_ Office/cell phone: \_\_\_\_\_

**Release Information**

Please give the names of persons to whom your child may be released. If no one else has permission please write "NO ONE" and your child will not be released without written permission from parent:

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**I agree that the Program Director or teacher may authorize the physician of his/her choice to provide emergency care, which might include transportation to a hospital in the event that neither I nor the family physician can be contacted immediately.**

**I agree that once my child has been accepted into the preschool program, Brownson Learning Center, and the school year has started, a minimum of 2 weeks written notice should be given to the Director in the event that you wish to withdraw your child from our program. A full month's tuition payment will be charged regardless of the number of days attended that month.**

**Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_**

**We, Learning Center Director and teachers, do agree to provide transportation to an appropriate medical resource in the event of an emergency. In an emergency situation, other**

**children in the facility will be supervised by a responsible adult. We will not administer any drug or medication without specific instructions from the physician or the child's parent, guardian or full-time custodian.**

**Program Director's Signature: \_\_\_\_\_ Date: \_\_\_\_\_**

**Teacher's Signature: \_\_\_\_\_ Date: \_\_\_\_\_**

\*\*\*Please bring or mail this completed information sheet, a copy of your child's current immunization record and the Parent Handbook Receipt Acceptance Form to the mailbox of the Learning Center Director, Jamie Walker, at Brownson Memorial Presbyterian Church, 330 South May Street, Southern Pines, NC 28387.\*\*\*