

Preschool on the Hill

Teacher's Classroom Info

Room # _____

Days attending: 2 * 3 * 5 *
(Office will fill this out) **Half Day * Full Day**

Please **PRINT CLEARLY** in Black or Blue ink.

Child's Name: _____ Home Phone: _____

Address: _____ City: _____ Zip: _____

Birthday: _____ Sex: Male Female (circle one)

Age on August 1, 2022: _____ yrs. and _____ months

Mom's name: _____ Cell # _____ Work # _____

Dad's name: _____ Cell # _____ Work # _____

Please list all **FOOD ALLERGIES AND REACTIONS:** _____

Will there be medication stored in the office for allergies? Yes / No

Other Food Restrictions: Please explain: _____

Does your child have **ASTHMA**? Yes / No **Will there be any medication stored in the office for asthma? Yes / No**

Any special fears? _____

Note to teacher: _____

Do you want your family listed in school directory? Yes / No

Today's Date: _____