

# JMCP STUDENT INFORMATION 2022-2023 School Year

## STUDENT INFORMATION

Child's Full Name \_\_\_\_\_ Birthday \_\_\_\_/\_\_\_\_/\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ SEX (circle) MALE FEMALE

Address \_\_\_\_\_ City \_\_\_\_\_ ZIP \_\_\_\_\_

Parent(s) Name(s) \_\_\_\_\_ Email \_\_\_\_\_

Mom Cell # \_\_\_\_\_ Work # \_\_\_\_\_

Dad Cell # \_\_\_\_\_ Work # \_\_\_\_\_

Preferred 1st Contact (circle) MOM DAD

## HEALTH INFORMATION

Does your child have any known food, drug, or latex allergies? (circle) NO YES

If yes, please explain \_\_\_\_\_

Does your child take prescription medication daily? (circle) NO YES

If yes, please explain \_\_\_\_\_

Please give any information concerning your child's health that you feel the staff should know. List any surgeries your child has had. \_\_\_\_\_

Are your child's immunizations current and up-to-date? (circle) NO YES

*\*\*Please provide a copy of your child's immunization records with this registration form.*

## EMERGENCY CARE INFORMATION

Hospital Preference \_\_\_\_\_

*Please list emergency contact information other than parents of the child:*

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

*Please list four people to whom your child can leave the preschool with:*

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

*I agree that Johnson Memorial Church Preschool may authorize emergency medical care for my child. In the event of an emergency, I understand that all efforts will be made to contact me immediately.*

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_