

Right Beginnings Pre-School  
Child Information Sheet



Child's Information

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

Parent's Information

Mothers Name: \_\_\_\_\_ Fathers Name: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
Home Telephone Number: \_\_\_\_\_  
Cell Phone Number : Mom: \_\_\_\_\_  
Dad: \_\_\_\_\_  
Place of Employment & Work Number: Mom: \_\_\_\_\_  
Dad: \_\_\_\_\_

In case of emergency if parents cannot be reached please notify:

Name: \_\_\_\_\_ Phone number: \_\_\_\_\_ relationship: \_\_\_\_\_  
Name: \_\_\_\_\_ Phone number: \_\_\_\_\_ relationship: \_\_\_\_\_

Please list any persons other than yourself that has permission to pick up your child from school:

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

Health Information

Child's Doctor: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
Does your child have any allergies? \_\_\_\_\_  
Does your child have any special diet or medications ? \_\_\_\_\_

I hereby give permission to the teacher of the preschool to give my child Tylenol if deemed necessary.

Parent Signature: \_\_\_\_\_

I have received a handbook and understand and agree with all of its contents.

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