

Little Nike Preschool Family Data Sheet

Student Name _____
Last First Middle

Gender: Male /Female D.O.B. _____ Rt. Handed _____ Lt. handed _____ Unsure _____

Child's Address _____

City, state, zip _____ Phone _____

Father's Name _____

Address _____

Phone _____ Cell Phone _____ Email _____

Father's Employer _____ Business Phone _____

Mother's Name _____

Address _____

Phone _____ Cell Phone _____ Email _____

Mother's Employer _____ Business Phone _____

If there is a Separation or Divorce custody problem of which we should be aware of, please explain:

Send correspondence regarding student to: _____ Father _____ Mother _____ Both

Child care provider _____ Phone _____

Two adults who will assume responsibility for your child in an emergency if parents cannot be reached: (Local numbers only)

1. Name _____ Phone _____

2. Name _____ Phone _____

Family Physician _____ Phone _____

Family Dentist _____ Phone _____

Family Orthodontist _____ Phone _____

Insurance Company _____ Policy # _____

Special Health Conditions _____
