Little Nike Preschool Family Data Sheet

Student Name Last		 rst	Middle
When labeling your ch	ild's name tags, what na	ame would you like to u	se
		·	
(ex. barner or barniy) _			
Gender: Male /Female	e D.O.B	_ Is Child Catholic?	Yes / No
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 D	Divorce custody problem of w	hich we should be aware of	, please explain:
Send correspondence rega	rding student to:Fathe	erMother	Both
Child care provider		Phone	
Two adults who will as cannot be reached: (L	ssume responsibility for ocal numbers only)	your child in an emerge	ncy if parents
		Phone	
1. Name			

Family Physician	P	Phone
Family Dentist		Phone
Family Orthodontist		Phone
Insurance Company		Policy #
the judgment of the school auth do you authorize responsible so	norities, immediate medica shool authorities to send yo and do you accept full resp	be reached in an emergency, and, if in all and/or hospital attention is indicated, our child, properly accompanied, to an ponsibility for all expenses incurred in
Parent/Guardian Signature_		Date
Other children in the family: Name		Age
	PICK UP PERMISSI	ON
responsibility of the parent/guardi	an to notify the Preschool, in	
		= -
responsibility of the parent/guardi	an to notify the Preschool, in RELATIONSHIP	writing, of any changes.
responsibility of the parent/guardi	an to notify the Preschool, in RELATIONSHIP MOTHER	writing, of any changes.
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