

## Little Nike Preschool Family Data Sheet

Student Name \_\_\_\_\_  
Last First Middle

When labeling your child's name tags, what name would you like to use

(ex: Daniel or Danny) \_\_\_\_\_

Gender: Male /Female 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 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 \_\_\_\_\_

**Special Health Conditions** \_\_\_\_\_

\_\_\_\_\_

