



Riverside Presbyterian Preschool Student History and Information

Child's Name _____ Nickname _____

Date of Birth _____ Gender _____ Dominant Hand _____

Special Interests/Hobbies _____

Address _____

Adult Name _____ Relationship _____

Email _____ Phone _____

Occupation _____ Employer _____

Special Interests/Hobbies _____

Adult Name _____ Relationship _____

Email _____ Phone _____

Occupation _____ Employer _____

Special Interests/Hobbies _____

Child is living with (one parent/both parents/other) _____

Other family in the home (adults? sibling(s)... name, age?) _____

Do you have a pet? What kind and name? _____

Does your child have any fears? What is their "security blanket" when anxious or afraid? _____

Food likes / dislikes _____

Does your child nap? If so, what time and for how long? _____

What else would help us know your child better? _____

Who is authorized to pick-up your child?

Name _____ Address _____ Phone _____

Name _____ Address _____ Phone _____

Name _____ Address _____ Phone _____

In case of illness or emergency, who may we call if we are unable to reach you?

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Physician to call in case of illness or injury _____

Hospital/Clinic _____ Phone _____

Please explain any medical problems, vision or speech notes, physical handicaps or allergies. _____

Is there any additional Information about your child you would like to share? _____

Parent/Guardian Signature _____ Date _____

Date of Enrollment _____

Date of Discharge _____