



Is your family presently members of a local church, and if so which one? \_\_\_\_\_

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**Medical Attention Permission Form:**

In the event of an emergency, I hereby authorize the personnel of FBC Preschool to seek medical attention and treatment for my child, \_\_\_\_\_.

\_\_\_\_\_  
Parent/Guardian Signature

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**FBC Preschool: Child's Confidential Record**

Please fill out the information below so our teachers may have a better understanding of your child and your child's individual needs. Thank you.

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Siblings who are also enrolled at FBC Preschool:

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

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

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

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Group experiences:

Center based child-care

Parent's Morning Out/Preschool

Church Sunday School

Home based child care

Other \_\_\_\_\_

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Name of child's doctor: \_\_\_\_\_

Office number: \_\_\_\_\_ Address: \_\_\_\_\_

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Hospital Preference: \_\_\_\_\_

Please list any food or environmental allergies your child has, and the reaction: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_