

Occupation _____

Employer _____ Business phone _____

Cell phone or pager _____

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

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

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.

Siblings who are also enrolled at FBC Preschool:

Name: _____ Age _____

Name: _____ Age _____

Name: _____ Age _____

Group experiences:

Center based child-care

Church Sunday School

Other _____

Parent's Morning Out/Preschool

Home based child care

Name of child's doctor: _____

Office number: _____ Address: _____

Hospital Preference: _____

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