

West Nash Church Preschool

STUDENT INFORMATION FORM

Student Information	
Child's Full Name:	
Name to be called:	
Birthdate:	
Street Address:	
City, State, Zip:	
Home Phone:	
Has child attended Preschool before? If so, Where?	
Allergies or medical problems which we need to be aware of:	

Family Information	
Mother's Name:	
Employer:	
Work Phone:	
Cell Phone:	
Home Phone	
Father's Name:	
Employer:	
Work Phone:	
Cell Phone:	
Name(s) & Age(s) of Siblings:	
Name of Church that Family attends:	

Medical/Emergency Information

Medical Contacts:

Child's Physician:		Phone:	
Child's Dentist:		Phone:	

NOTE: A copy of the child's immunization record **MUST** be turned in by September 30, 2024

Emergency Contacts (*in case parents cannot be reached*)

Name:		Phone:	
Name:		Phone:	
Name:		Phone:	

Transportation/Pick Up Information

Persons to whom your child may be released:

Name:		Phone:	
Name:		Phone:	
Name:		Phone:	
Name:		Phone:	
Name:		Phone:	

**Persons to whom your child MAY NOT be released:

Name:		Phone:	
Name:		Phone:	
Name:		Phone:	

Signature of parent/guardian:

Date:

Comments: