

Emerald Child Development Center
Student Information Sheet

Child's Name: Gender: Male Female
Preferred name to be used in class: Birthdate:
Address:
City: State: Zip:

Has your child attended a nursery or preschool? Yes No
If so, which one(s): How long?

Child's interests:

Does your child favor: Right Hand Left Hand Neither

Mother's Name: Cell Phone:
Mother's Occupation: Work Phone:
Home Phone:

Mother's training and/or interests:

Father's Name: Cell Phone:
Father's Occupation: Work Phone:
Home Phone:

Father's training and/or interests:

Other children in your family:

Name	Age	Gender
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Male <input type="checkbox"/> Female
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Male <input type="checkbox"/> Female
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Male <input type="checkbox"/> Female

Child's Doctor: Phone:
Child's Dentist: Phone:
Preferred Hospital:

Is your child receiving Medication? Yes No
If so, what?
Does your child have any allergies? Yes No
If so, what?

Permission is given to Emerald Child Development Center for the following:

My Child may be taken on field trips or excursions by bus or private car under proper supervision. Parents will be notified prior to trips.

Parent's Signature: _____ Date: _____