



RRUMC PRESCHOOL

CHILD INFORMATION FORM



ENROLLMENT DATE: _____ DISENROLLED: _____

NAME OF CHILD: _____ GENDER: _____ DOB: _____

HOME ADDRESS: _____

MAILING ADDRESS: _____

HOME PHONE: _____ CELL PHONE: _____

PARENT OR GUARDIAN: _____

NAME OF EMPLOYER: _____

WORK ADDRESS: _____

WORK PHONE: _____ CELL PHONE: _____

PARENT OR GUARDIAN: _____

NAME OF EMPLOYER: _____

WORK ADDRESS: _____

WORK PHONE: _____ CELL PHONE: _____

OTHER INDIVIDUALS IN THE LOCAL AREA TO BE CONTACTED IN CASE OF AN EMERGENCY, IF PARENT/GUARDIAN CANNOT BE LOCATED:

NAME: _____ PHONE: _____

ADDRESS: _____

NAME: _____ PHONE: _____

ADDRESS: _____

NAME: _____ PHONE: _____

ADDRESS: _____

INDIVIDUALS AUTHORIZED BY PARENT/GUARDIAN TO PICK UP CHILD:

NAME: _____ PHONE: _____

ADDRESS: _____

NAME: _____ PHONE: _____

ADDRESS: _____

NAME: _____ PHONE: _____

ADDRESS: _____

SIGNATURE OF PARENT/GUARDIAN

DATE