

Classroom Information for your Child at CEC

M F

Sex

Child's Name

Date of Birth

Parent's/Guardian's Name

Parent's/Guardian's Name

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Home Phone

Work Phone

Home Phone

Work Phone

Alternative Contacts

In case of an emergency or disaster and I cannot be contacted, please release my child to:

Name

Name

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Home Phone

Work Phone

Home Phone

Work Phone

Relationship

Relationship

Name

Name

()

()

()

()

Home Phone

Work Phone

Home Phone

Work Phone

Relationship

Relationship

Special Health Information

Allergies/Special Health Considerations:

Other Information

Child lives with (Circle) Mom, Dad, Both, Other: _____

Child's brother(s) / sister(s) and ages: _____

Has your child attended another preschool or daycare? Y N If so, which one? _____

Why did you choose CEC? _____

Favorite play activities? _____ Favorite game, toy or book? _____

How do you correct your child? _____

Is your family affiliated with TLC, or with a church in the community? _____

Parent's/Guardian's Signature

Date