



Child Information Form

CHILD INFORMATION

Last Name		First		DOB	
Street Address				Apartment/Unit #	
City		State		ZIP	
Allergies					
Med. Conditions					
Favorite Foods			Favorite Toys		
Comforting Techniques					
Special Instructions					

PARENT/ GUARDIAN INFORMATION (1)

Last Name		First		M.I.	
Street Address				Apartment/Unit #	
City		State		ZIP	
Home Phone		Cell Phone		Text	YES <input type="checkbox"/> NO <input type="checkbox"/>
Email Address			Alt.		
Employer			Work Phone		
Address			Supervisor		

PARENT/ GUARDIAN INFORMATION (2)

Last Name		First		M.I.	
Street Address				Apartment/Unit #	
City		State		ZIP	
Home Phone		Cell Phone		Text	YES <input type="checkbox"/> NO <input type="checkbox"/>
Email Address			Alt.		
Employer			Work Phone		
Address			Supervisor		

PEOPLE WITH PERMISSION TO PICKUP CHILD

Last Name		First		M.I.	
Last Name		First		M.I.	
Last Name		First		M.I.	

EMERGENCY CONTACT INFORMATION (1)

Last Name		First		M.I.	
Street Address				Apartment/Unit #	
City		State		ZIP	
Home Phone		Cell Phone		Text	YES <input type="checkbox"/> NO <input type="checkbox"/>

EMERGENCY CONTACT INFORMATION (2)

Last Name		First		M.I.	
Street Address				Apartment/Unit #	
City		State		ZIP	
Home Phone		Cell Phone		Text	YES <input type="checkbox"/> NO <input type="checkbox"/>

EMERGENCY CONTACT INFORMATION (3)

Last Name		First		M.I.	
Street Address				Apartment/Unit #	
City		State		ZIP	
Home Phone		Cell Phone		Text	YES <input type="checkbox"/> NO <input type="checkbox"/>

DOCTOR INFORMATION

Last Name		First		M.I.	
Street Address				Apartment/Unit #	
City		State		ZIP	
Office Phone		Hospital Affiliation			

EMERGENCY TRANSPORT PERMISSION FORM

This form authorizes emergency transportation for the below mentioned child.

I, _____ **Give** **Do Not Give** permission to Little Apple Preschool to transport my child, _____ to the nearest emergency location for emergency medical care.

Signature

Date

EMERGENCY TREATMENT PERMISSION FORM

This form authorizes emergency treatment for the below mentioned child.

I, _____ **Give** **Do Not Give** permission to Little Apple Preschool to have my child, _____ treated by a licensed medical professional.

Signature

Date