

Wesleyan Preschool
Division of Licensing, Dept. of Social Services

Child's First Name	Child's Middle Name	Child's Last Name	
Nickname	Date of Birth	Sex	Home Phone:
Address			Please list child's siblings & ages
Chronic Physical Problems/Pertinent Developmental Information/Special Accommodations Needed			
Previous Child Day Care Programs and Schools Attended			

Parent(s)/Guardian(s)

Father's Name	Employer	Business Phone
Home Address		Home Phone
Father's Email		Cell Phone
Mother's Name	Employer	Business Phone
Home Address		Home Phone
Mother's Email		Cell Phone
Person(s) or Agency having Legal Custody of Child		
Address		Business/Home Phone
Email Address		Cell Phone

Emergency Information

Allergies or Intolerance to Food, Medication, etc., and Action to Take in an Emergency		
Child's Physician	Phone	
Two People to Contact if Parent(s) are Unreachable:		
1	Home Phone	Cell Phone
Home Address		
2	Home Phone	Cell Phone
Home Address		
Person(s) Authorized to Pick Up Child		
Person(s) NOT Authorized to Pick Up Child		