

West Nash Church Preschool

STUDENT INFORMATION FORM

| Student Information | |
|---|--|
| Child's Full Name: | |
| Name to be called: | |
| Birthdate: | |
| Street Address: | |
| City, State, Zip: | |
| Home Phone: | |
| Has child attended Preschool before? If so, Where? | |
| Allergies or medical problems and/or learning differences we need to be aware of: | |

| Family Information | |
|---|--|
| Mother's Name: | |
| Employer: | |
| Work Phone: | |
| Cell Phone: | |
| Home Phone | |
| | |
| Father's Name: | |
| Employer: | |
| Work Phone: | |
| Cell Phone: | |
| | |
| Name(s) & Age(s) of Siblings: | |
| | |
| Name of Church that Family attends: | |

Medical/Emergency Information

Medical Contacts:

| | | | |
|--------------------|--|--------|--|
| Child's Physician: | | Phone: | |
| Child's Dentist: | | Phone: | |

NOTE: A copy of the child's immunization record MUST be turned in by September 30, 2026

Emergency Contacts *(in case parents cannot be reached)*

| | | | |
|-------|--|--------|--|
| Name: | | Phone: | |
| Name: | | Phone: | |
| Name: | | Phone: | |

Transportation/Pick Up Information

Persons to whom your child may be released:

| | | | |
|-------|--|--------|--|
| Name: | | Phone: | |

****Persons to whom your child MAY NOT be released:**

| | | | |
|-------|--|--------|--|
| Name: | | Phone: | |
| Name: | | Phone: | |
| Name: | | Phone: | |

Signature of parent/guardian:

Date:

Comments: