

<i>Class Information - WP Use Only</i> Class Name _____ Days _____	2018-2019 STUDENT INFORMATION NEW SALEM WEEKDAY PRESCHOOL	<i>"A Customized Preschool For Every Child"</i>
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Name: (First) _____ (Middle) _____ (Last) _____

Preferred Name: _____ **Birth Date:** Mo. _____ Day _____ Yr. _____

Mother's Name: _____ Father's Name: _____

Mom's Cell #: _____ Dad's Cell #: _____

Mom's Work #: _____ Dad's Work #: _____

Mom's Email: _____ Dad's Email: _____

Employer: _____ Employer: _____

Home Phone #: _____

Address: _____

City: _____ Zip Code: _____

Emergency Medical Information

Allergies	Reaction	Treatment

I will leave the following medication at the preschool with the teacher:

If a parent cannot be reached via phone numbers provided and a sudden onset of illness or emergency occurs, please contact the following persons for pick up or instructions:

NAME	Home #	Cell #	Work#

Physician Name & Telephone #: _____

Insurance Co. Name & Policy/Group #: _____

If your child is taking any medication daily, please list: _____

Does your child have any medical conditions that the preschool or emergency responders need to know, if so, please list: _____

In the event of an emergency, I give permission for my child to receive medical treatment from the medical emergency responders as necessary.

Yes _____ **No** _____ **Parent Signature** _____ **Date** _____

*A CURRENT IMMUNIZATION RECORD MUST BE SUBMITTED TO THE PRESCHOOL.