

EMERGENCY/ENROLLMENT FORM

Benbrook United Methodist Preschool

STUDENT INFORMATION

Last Name	First Name	Name Called	Date of Birth	Sex	Home Phone

Student's Address (Street/City/State/Zip)

PARENT/GUARDIAN INFORMATION

	Last Name	First Name	Home Phone	Cell Phone	Work Phone
Mother					
Father					

	Address (Street/City/State/Zip)
Mother	
Father	

E-MAIL ADDRESS(ES)

	Employer	Marital Status	Church Affiliation
Mother			
Father			

If divorced, custody of the child is held by _____

In case of accident or serious illness, I request that the school contact me. If the school cannot reach me, I authorize the school to contact the physician below and follow his/her instructions. In a life threatening emergency, the school will call 911 and emergency personnel will attend to the child.

Name of Physician	Address	Phone

List any problem that your child may have such as: vision, speech, hearing, allergies, ADHD, ADD, physical handicap, asthma or any serious illness or injury.

Is student on medication? _____ Describe _____

My child may be released to the following persons in addition to the above parents/guardians

Name	Home Phone	Cell Phone	Work Phone

Signed (parent/guardian) _____ Date _____

INFORMATION FORM
Benbrook United Methodist Preschool

STUDENT INFORMATION

Last Name	First Name	Name Called	Date of Birth	Sex	Home Phone

Food Allergies _____

Names and Ages of Brothers and Sisters _____

Current School and Activities _____

Previous Preschool Experience _____

Fears or Concerns _____

Recent Changes (Births, Deaths, Moving, Etc.) _____
