

Mt. Harmony Weekday Preschool  
Student Information Sheet

Child's Name: \_\_\_\_\_

Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_ Male or Female

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_

Mom's Name: \_\_\_\_\_ Dad's Name: \_\_\_\_\_

Cell Number: (\_\_\_\_) \_\_\_\_\_ Cell Number: (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_ Email: \_\_\_\_\_

Sibling's Name	Age	School
_____	_____	_____
_____	_____	_____
_____	_____	_____

Pick-up/Emergency Contact

	Relationship	Phone (____)	Emergency Contact Yes/No
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____

Is there anyone who is NOT allowed to pick up your child? \_\_\_\_\_

Are there any custody issues we need to be aware of? \_\_\_\_\_

Mt. Harmony Weekday Preschool  
Medical Information Form

Child's Name: \_\_\_\_\_

Please Give the Following Information About Your Child:

Food Allergies: \_\_\_\_\_

Other Allergies: \_\_\_\_\_

Accidents: \_\_\_\_\_

Surgeries: \_\_\_\_\_

Health Issues or Special Needs: \_\_\_\_\_

Does your child take daily medication at home? Yes/No (We need to know strictly for emergency purposes.)

Name of Medication: \_\_\_\_\_ Purpose of Medication: \_\_\_\_\_

Dosage: \_\_\_\_\_ How Often: \_\_\_\_\_

Does your child have recurring problems with any of the following:

Bronchitis       Asthma       Ear Infections

Croup       Eczema       Strep Throat

Is your child allergic to:  Bee stings       Fire Ants

Does your child have an epipen?      Yes      No

Foods your child is **not allowed** to have: \_\_\_\_\_

We give small treats during the day such as 1 or 2 skittles or M&M's? Is your child allowed to have these?      Yes      No

Is there anything else that you feel we should know about your child? \_\_\_\_\_

\*Please attach a copy of your child's **immunization record**.

I have read and fully comply with the Mt. Harmony Weekday Preschool Handbook

Sign \_\_\_\_\_ Date \_\_\_\_\_

I give permission for my child to be photographed during various activities and events at Mt. Harmony Weekday Preschool. I understand that these pictures may be used on the preschool's website and on social media.

Sign \_\_\_\_\_ Date \_\_\_\_\_