

FAIRLAWN PRESCHOOL
A Discovery Center for Young Children
Teacher Information Form

Date _____ Class Enrolled _____

Child's Name _____

Nick Name _____ Gender: Male or Female Birth Date ___/___/___

Address _____

Home Phone _____ Home Email _____

Person with whom child resides _____

Father's Name _____ Phone _____ Cell/Work _____

Address (if different from above) _____

Place of employment _____ Occupation _____

Mother's Name _____ Phone _____ Cell/Work _____

Address (if different from above) _____

Place of employment _____ Occupation _____

List other children living in the household

<u>Name</u>	<u>Birth Date</u>	<u>School Attending</u>
_____	___/___/___	_____
_____	___/___/___	_____
_____	___/___/___	_____
_____	___/___/___	_____

Other persons living in the home

List all known allergies _____

Experiences outside of the home (playgroups, Sunday school, story hour, etc...)

Church Home _____

Emergency, Field Trip, and Picture Release Forms

I give permission for _____ to be taken to the emergency room of the hospital in case of an accident. I understand that you will first try to reach the parents.

Date _____ Parent's Signature _____

I give permission for _____ to go on field trips with Fairlawn Preschool throughout the school year. I understand that I will be responsible for providing a car seat for traveling.

Date _____ Parent's Signature _____

I give permission for _____ to be photographed by the preschool and used for printed marketing materials like brochures.

Date _____ Parent's Signature _____

I give permission for _____ to be photographed by the local media (The Republic).

Date _____ Parent's Signature _____