

INFORMATION FORM
PLEASANT GROVE UNITED METHODIST CHURCH PRESCHOOL
4415 Pleasant Grove Church Road - Raleigh, NC 27613

Child's Name _____
 _____ (Last) _____ (First) _____ (Middle) _____ (Name Used)
 Male ___ Female ___ Date of Birth ____/____/____ PGUMC Member? ___ Yes ___ No Date joined _____

Child's Address _____
 _____ (Street) _____ (City, State) _____ (Zip Code)

Mother's Name _____ Home Phone _____ Mobile or Beeper No. _____
 Mother's Address (if different from child's) _____ Email _____
 Mother's Employer _____ Work Phone Number _____

Father's Name _____ Home Phone _____ Mobile or Beeper No. _____
 Father's Address (if different from child's) _____ Email _____
 Father's Employer _____ Work Phone Number _____

Other children in family:
 Name _____ Name _____
 Brothers _____ D.O.B. _____ Sisters _____ D.O.B. _____
 _____ D.O.B. _____ _____ D.O.B. _____

Other adults living in family: _____

PICK-UP INFORMATION

The following persons have permission to pick-up my child when we (child's parents) are unable to:

_____	Relationship _____	Phone _____
_____	Relationship _____	Phone _____
_____	Relationship _____	Phone _____

EMERGENCY INFORMATION

In case of an emergency, list at least 2 persons (that are not from the same family) that can be contacted if you (child's parents) cannot be reached first:

_____	Relationship _____	Phone _____
_____	Relationship _____	Phone _____
_____	Relationship _____	Phone _____

INFORMATION ABOUT YOUR CHILD

Please help us plan for your child's well being by listing any special needs below (i.e., visual, emotional, physical, developmental, etc.) _____

List all allergies (i.e., food, medicine, etc.) _____

Please list any other information about your child that might help us to make preschool a positive experience for him/her (such as play, eating and sleeping habits, fears, anxieties, special likes or dislikes). _____

MEDICAL INFORMATION

Doctor's Name _____ Office Name _____ Office Phone _____
 Office Address _____
 Dentist's Name _____ Office Name _____ Office Phone _____
 Dentist's Address _____
 Hospital Preference _____ Phone _____
 Medical Insurance Company _____ Name of Policy Holder _____ Policy Number _____

I agree that the Director or alternate of Pleasant Grove Preschool may authorize the physician or dentist of his/her choice to provide emergency care in the event that neither I nor the family physician can be contacted immediately.

Date _____ NOTARIZED signature of parent or guardian _____

I, _____, a Notary Public of _____ County, North Carolina, certify that _____, personally appeared before me this day and signed the foregoing instrument.

Witness my hand and notarial seal, this _____ day of _____, 20____.

(PLACE SEAL HERE)

 Notary Public Signature