

**Central Christian Preschool & Day Care
Personal Information Form**

Name of Child _____

Birth date _____ / _____ / _____ First Middle Last
Male _____ Female _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Cell Phone _____ E-mail _____

Mother or Guardian _____

Employment _____ Phone _____

Father _____

Employment _____ Phone _____

Persons Authorized to pick up child - Please include phone numbers:

(Under no circumstances will the child be released to anyone unknown to the school without authorization from parents or guardian.)

Persons to be called in case of emergency or when parents cannot be reached:

(Be sure to include someone who will usually know your whereabouts.)

Name _____ Relationship to child _____
Address _____ Phone _____

Name _____ Relationship to child _____
Address _____ Phone _____

Names of siblings and ages:

