



Weekday Preschool

Northridge United Methodist Church
9650 Reseda Blvd. Northridge, CA 91324 (818) 886-4949
Office@WeekdayPreschoolNorthridge.com

Dear Parents,

The following checklist is intended to simplify in completing your children's school forms. Please also provide a current copy of your child's immunization record and print all forms one sided only. Return checklist with all completed forms.

CHILD'S NAME _____

- 1) Child Information Page
- 2) Updated Immunization Records

WEEKDAY PRESCHOOL
9650 Reseda Blvd., Northridge, CA 91324
818.886.4949



Office use only:
Classroom: _____
Days a Week: _____

2018-2019 Child Information Page

Child's Last Name, First

Birth Date

Home Address (Street) (City) (Zip Code)

Home Phone

Parent/Guardian

Parent/Guardian

Cell Phone

Cell Phone

Occupation and Work Phone

Occupation and Work Phone

Email

Email

Child is living with (please circle): Both Parents Mother Father Other

Do other adults live in the home? Yes No

Relationship to child: _____

Siblings Names and Ages: _____

Has the child attended Preschool before? Yes No

Where: _____ How long: _____

Is a language other than English spoken at home? _____

List **allergies** including foods, medications, environmental, **and any food restrictions** for your child on the space below. *Your signature at the bottom of this page gives Weekday Preschool permission to post your child's allergy and/or food restrictions at the school.*

Weekday Preschool has my permission to contact my child's physician if questions arise regarding my child's health condition.

The e-mail, phone number, and address you provide will appear on the classroom roster.

Parent's Signature

Date

Child's Last Name, First