



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 print all forms one sided only. Return checklist with completed forms.

CHILD'S NAME _____

1) Child Information Page

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



2019-2020 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? _____

Does your child have allergies? (Please circle one) Yes No

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