

Algonquin Preschool, Inc.
Student Information Form

Admission Date _____ Departure Date _____ Class _____

Name _____
(Last) (First) (Middle)

Address _____
(Street & Number) (City) (Zip)

Phone Number _____ Email _____

Cell Phone _____ Age _____ Birthdate _____ Sex _____
(yrs.) (mm/dd/yy) (M/F)

Mother/Guardian _____
(Name) (Address) (Phone)

(Employer) (Address) (Phone) (Working Hours)

Father/Guardian _____
(Name) (Address) (Phone)

(Employer) (Address) (Phone) (Working Hours)

Parent/Guardian Marital Status: ___Married ___Divorced ___Separated ___Widowed

Child's Doctor _____
(Name) (Address) (Phone)

In case of emergency, the following person(s) may be called:

1) _____

2) _____

3) _____
(Name) (Address) (Phone)

Persons authorized by you to pick up child:

1) _____

2) _____

3) _____
(Name) (Address) (Phone)

Parent/Guardian Signature _____ Date _____