

West Bend Mallard Little Rines Preschool

Student and Family Information

Please answer the questions below and return to Little Rines Preschool.
The information provided will be treated with confidentiality.

Student's Full Legal Name

(First Name) (Middle Name) (Last Name)

Birth Date _____ Gender ____ Place of Birth _____

County: _____ Race: _____ 3 Year Old ____ 4 Year Old

Name you would like your child to learn to identify and write

Is this the first time they have attended school ____Yes ____No

If No, please write the name of the school they last attended
and the date of attendance.

_____ Date _____

With whom does the student live? (Check one)

- Both Parents
- Father
- Mother
- Relative
- Other _____ (please state)

Student's Address: _____

(Street) (Town) (Zip)

Father's Name: _____ Mother's Name _____

Address: _____ Address: _____

Cell Phone: _____ Cell Phone: _____

Email: _____ Email: _____

Occupation: _____ Occupation: _____

Employer: _____ Employer: _____

(fill out side 2)

In case of an emergency or when a parent cannot be reached, who can we call? Please provide the name and phone number of someone local.

1. _____ Phone: _____

2. _____ Phone: _____

Family Doctor: _____ Phone: _____

Address: _____

Family Dentist: _____ Phone: _____

Address: _____

<u>Name of Sibling</u>	<u>Age</u>	<u>Name of school they attend</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please list people below who will have authority to pick up your child. Only the people listed below will be allowed to pick up your child. If you need someone to come that is not on the list you will need to call in advance.

<u>Name</u>	<u>Relationship</u>
_____	_____
_____	_____
_____	_____

(Today's Date)

(Parent's or Guardian's Signature)

* If any of this information should change during the school year, please contact the school...thanks!