

## **INFORMATION FORM**

Please fill out this very important information for your child's teacher ☺:

Child's Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_ Age: \_\_\_\_\_  
\_\_\_\_\_

Parents' Names \_\_\_\_\_  
\_\_\_\_\_

**PERSONS ALLOWED TO PICK UP YOUR CHILD:**

\_\_\_\_\_  
\_\_\_\_\_

(Only these people will be allowed to pick up your child without a notification from you.)

**HEALTH INFORMATION (allergies, any problems, etc.):**

\_\_\_\_\_  
\_\_\_\_\_

**Siblings and ages:**

Name	Age	Place of Residence

Child lives with:  Mother  Father  Both  Other \_\_\_\_\_

Church Member:  yes  no Where: \_\_\_\_\_

Child's likes:

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Child's dislikes:

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Other pertinent information:

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