

Please check class enrolled in:

- T-K
- Pre-K
- 3-yr.-Preschool
- Fantastic Friday's
- 2/3 CDO
- Toddler CDO

Form A

**LENEXA UNITED METHODIST CHURCH  
PRESCHOOL/CDO  
INFORMATION FORM**

**(Please print all information.)**

child's full name \_\_\_\_\_ **what you want your child to be called at school**

child's home address \_\_\_\_\_  
street city zip code

primary phone \_\_\_\_\_ email \_\_\_\_\_

sex \_\_\_\_\_ age \_\_\_\_\_ birthday \_\_\_\_\_

mother's name \_\_\_\_\_ occupation \_\_\_\_\_

home address \_\_\_\_\_ home phone # \_\_\_\_\_

bus. ph. # \_\_\_\_\_ cell # \_\_\_\_\_

father's name \_\_\_\_\_ occupation \_\_\_\_\_

home address \_\_\_\_\_ home phone # \_\_\_\_\_

bus. ph. # \_\_\_\_\_ cell # \_\_\_\_\_

parent's marital status: •together •separated •divorced •widowed

names and ages of siblings: \_\_\_\_\_

elementary school your child will attend: \_\_\_\_\_

List emergency contacts or anyone else authorized to pick up your child from Preschool/CDO: (neighbor or relative other than parent):

Name	ph. #	Relationship
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____

physician's name \_\_\_\_\_ ph. # \_\_\_\_\_

dentist's name \_\_\_\_\_ ph. # \_\_\_\_\_

Does your child attend another school or structured program? If so where and when \_\_\_\_\_

**(continued on back)**

Does your child have food or other allergies? Please explain.

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Does your child have medical conditions, special needs, developmental delays or behavioral issues? Please explain.

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Does your child play with children other than siblings? \_\_\_\_\_

Has your child been in a structured group experience without you before? \_\_\_\_\_

Does your child have difficulties with any of the following? (Please write Yes or No)

\_\_\_\_\_ Walking    \_\_\_\_\_ Talking/Speech    \_\_\_\_\_ Eating    \_\_\_\_\_ Toileting    \_\_\_\_\_ Separation

If answered "Yes" to any of the above, please explain. \_\_\_\_\_

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When your child is upset, what is the best way for a staff member to comfort them?

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Does your child typically respond positively to touch by non-family members?    • YES    • NO

Is there anything else you would like us to know? \_\_\_\_\_

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**PERMISSION TO PARTICIPATE IN ACTIVITIES:**

I give permission for my child to use all the play equipment and participate in all activities at LUMC  
Preschool/CDO.

• YES                      • NO

I give permission to photograph, audio tape, or video tape my child during school activities by LUMC  
Preschool/CDO staff members.

• YES                      • NO

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_