

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.

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

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. _____

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

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

Is there anything else you would like us to know? _____



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 _____