School Year	IUMC Preschool Enrollment Information	Citiss:	
Full Name of Child		Birth Date//	
Home Address		Home Phone	
City Zip	Email		
Name of Parent/Guardian		Occupation	
Address (if different)		Email	
Phone: Home	Cell	Work	
Name of Parent/Guardian	Occupation_		
Address (if different)		Email	
Phone: Home	Cell	Work	
Name of Stepmother/Stepfather		Occupation	
Phone: Home	Cell	Work	
EMERGENCY RELEASE INFO Please list the names of two child in the event you are unable to Name	o persons, other than listed about the contacted in an emergence	ove, to whom we may release your y.	
Address		Relationship to Child	
		Phone	
Name	Phon	iic	

1. _______ 2. ______

(Parent or Guardian Signature)

Date

ramily	/ Intormation	Student's Name	<u> </u>
•	Classroom		School Year:
Brothers/	Sisters [give names, ages and s	school(s)]	
1			
2			
3			
4			
Does you	r child have a pet?		
T_{c}	ype:	Name:	
What are	your child's favorite play activ	vities?	
Is your cl	hild predominantly Right or Le	ft Handed, or Undecided? ((circle one)
Does you	ar child have any special fears?	(storms, strangers, animals	s, stairs etc.)
	or child have any allergies? Ple ns as well as how the allergies a		
Does you	ır child take any medications re	egularly? If yes, please exp	lain
Did your	child attend preschool last year	r?Yes, in the IUMO	Cclass.
Ye	es, at a different school:		No, this is the first year
	ir child receive services (such a irst Steps etc.). If yes, please ex		rapy, etc.) from a local agency (such
	or child alternate between two on the reason? If yes, please		special custody arrangements, child-

Do extended family members live the child's household? If yes, please list names and relationship.