

Muncie Area Career Center
Preschool Information

Date _____ Am or PM _____

Child's Name _____ (Nickname) _____

Age _____ Child's Birth Date _____

Month Day Year

Address _____ Zip Code _____

Street City

Home Phone _____ Cell Phone _____

Email Address _____

Parents' Name(s) – Father _____ Mother _____

Parents' Place of Employment _____ Work Phone _____

Brother(s) _____ Age _____

Sister(s) _____ Age _____

Whom do we contact in case of an emergency **if you cannot be reached at the above numbers?**

Name _____ Relationship _____

Address _____ Phone _____

Family _____ Allergies _____

Doctor _____

Your child's special interests _____

Does your child prefer to use his/her right or left hand? _____

Authorized people to pick up your child and their relationship to the child _____

Your child will not be released to any person not on this paper for safety reasons!
