

Address _____
Street City State Zip

Baptized: Yes ___ No ___ Date _____ Place of Baptism/Church _____

Previous School Experience _____

Custodial issues we should be aware of _____

About the Family

Primary Contact Name _____ Relationship to student _____

Cell Phone _____ Text? Y or N

Secondary Contact Name _____ Relationship to student _____

Cell Phone _____ Text? Y or N

Other Children in Family

Name _____ Date of Birth _____ Relationship _____

Name _____ Date of Birth _____ Relationship _____

Name _____ Date of Birth _____ Relationship _____

Transportation Authorization

Your child will be allowed to leave **ONLY** with a parent/guardian or those listed below.

1. Name _____ Relationship _____
Phone _____

2. Name _____ Relationship _____
Phone _____

3. Name _____ Relationship _____
Phone _____

Miscellaneous

Any church background? Y N If so, what? _____

Current Church Affiliation: Name of Church _____

___ Member Name of Pastor _____

___ Attend Regularly

___ Attend Occasionally

___ Not a member of a church

Special Situation in the family we should be aware of (new baby, recent move, death in family, etc.)



Messiah's Children Preschool

1312 S. Edgewater Cir., Nampa, ID 83686
208-465-4511

Medical Form

Child's Name _____

Phone _____

Does your child have any of the following conditions:

- Allergies? **Y N**

___ Food Please list: _____

___ Medications Please list: _____

___ Bee Sting Please list: _____

___ Animals Please list: _____

- Dietary regulations? **Y N** Please list: _____

- Asthma? Please list allergens: _____

- Prescribed Medication (such as EpiPen or rescue inhaler) to treat conditions listed above?

Y N If yes, you are required to provide the Preschool with a written protocol created by your child's doctor describing appropriate treatment for conditions listed above.

Physician _____ Phone _____

Dentist _____ Phone _____

In the event of an emergency, who can we notify other than the parents? (Are they on your transportation list? Y N)

Name _____ Phone _____

Name _____ Phone _____

Is there any additional medical or physical information you would like to disclose about your child?

I certify this information is correct to the best of my knowledge.

In the event of an emergency, Messiah's Children Preschool has my permission to administer first aid or obtain emergency medical treatment in my child's best interest. I also agree to pay all expenses incurred due to an emergency involving my child.

Parent/Guardian

Date