

# Leawood Baptist Preschool and Parents Day Out Student Information Form 2016-2017

Child's Name \_\_\_\_\_ Sex F / M DOB \_\_\_\_\_

Nickname or what you would like us to call your child \_\_\_\_\_

Home Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Alt Number \_\_\_\_\_

Primary email \_\_\_\_\_ Secondary email \_\_\_\_\_

Mother/Guardian's Name \_\_\_\_\_ Occupation \_\_\_\_\_

Legal Guardian Y / N same address Y / N (please list if different)

Father/Guardian's Name \_\_\_\_\_ Occupation \_\_\_\_\_

Legal Guardian Y / N same address Y / N (please list if different)

Marital Status of parents: (Circle) Married Separated Divorced

Child lives with \_\_\_\_\_

If mom or dad are not the legal guardian, please list the relationship of the guardian(s) to the child

Names and ages of siblings or other people living in the home \_\_\_\_\_

Emergency Contact other than the parent/guardian(s)

1. Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_

Persons authorized to pick up the child (Both parents/guardians are assumed to be authorized unless otherwise noted.)

1. Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_

2. Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_

3. Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_

(Please list additional on a separate sheet if necessary. Proper identification will be requested at time of pick up. Child will not be released to anyone except those listed above.)

Church Affiliation? \_\_\_\_\_