



First Christian Preschool

Growing in Christ

## First Christian Preschool Classroom Information Form

Student Name \_\_\_\_\_ DOB \_\_\_\_\_

Guardian Name \_\_\_\_\_

Guardian Name \_\_\_\_\_

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

Guardian 1 Phone # \_\_\_\_\_ Work # \_\_\_\_\_

Guardian 1 Place of Employment \_\_\_\_\_

Guardian 2 Cell # \_\_\_\_\_ Guardian 2 Work # \_\_\_\_\_

Guardian 2 Place of Employment \_\_\_\_\_

Email Address \_\_\_\_\_

Emergency Contact #1 \_\_\_\_\_

Emergency Contact #2 \_\_\_\_\_

The following persons are authorized to pick my child up from school:

Names /Phone #'s: \_\_\_\_\_

(First and Last Name) \_\_\_\_\_

Please list any allergies or special medical needs:

\_\_\_\_\_  
\_\_\_\_\_

What are your academic & social goals for your child this year?

\_\_\_\_\_  
\_\_\_\_\_

Name of siblings/ages: \_\_\_\_\_

Child's favorite activity or toy \_\_\_\_\_

Are there any special family situations that would affect your child? \_\_\_\_\_



First Christian Church  
Disciples of Christ

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