



**NORTH RALEIGH UNITED METHODIST PRESCHOOL
CHILD INFORMATION FORM**

Child's Name: _____ / _____
Last First Middle Name called

Birth Date _____ / _____ / _____ Please Circle: Male Female
Month Day Year

Siblings (names and ages) _____

Please list any medical conditions, serious accidents, allergies, drug sensitivities, operations, speech problems or regular prescribed medications that we should be aware of:

What are three words that best describe your child: (1) _____
(2) _____
(3) _____

Please feel free to tell us anything else you want us to know about your child. We'll use the information on this form to place your child with a teacher and classmates for next year. Please DO NOT include specific teacher requests.

You may use the other side as needed

Parent Signature _____ Date: _____