Asbury Preschool
Child Data Form

School Year:_____
Start Date: _____

First Name Middle Last

Birthdate:_____ Sex: M_____ F _____

Address:

Street City Zip code

Phone: _____ Cell Phone:_____

Father's Name _____ Occupation:_____

Employment _____ Phone Number: _____

Best phone number for contact: _____ Please contact me 1st_____ 2nd_____

Mother's Name: _____ Occupation: _____

Employment: _____ Phone Number:_____

Best phone number for contact: _____Please contact me 1st_____ 2nd _____

Child lives with: Both parents Mother Father Other

Authorized persons to pick up other than parents:

1. _____
   Name Address Phone relationship
2. _____
   Name Address Phone relationship
3. _____
   Name Address Phone relationship

Food and Drug Allergies: _____

Church Affiliation: _____