



**PRESCHOOL STUDENT INFORMATION FORM**

Child's Name \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_

Parent/Guardian's Name \_\_\_\_\_

Daytime Phone \_\_\_\_\_ Cell \_\_\_\_\_

Email \_\_\_\_\_

Full Name of Company/Business Where Mother Works:

\_\_\_\_\_ Phone: \_\_\_\_\_

Full Name of Company/Business Where Father Works:

\_\_\_\_\_ Phone: \_\_\_\_\_

Child's physician to be contacted in case of emergency:

\_\_\_\_\_ Phone: \_\_\_\_\_

Hospital of choice in an emergency: \_\_\_\_\_

Medical Insurance: Name of Company \_\_\_\_\_ ID# \_\_\_\_\_

Any Medication or Medical/Behavioral Issues Your Child Might Have:

\_\_\_\_\_

Any allergies your child has \_\_\_\_\_

Is there any other information that you feel the camp staff should know about your child?

\_\_\_\_\_

\_\_\_\_\_

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Preschool Camp Director

Coreen Ahmad office 203-385-4053

Cell: TEXT MESSAGE ONLY 203-218-3114, calls will not be answered or returned on  
this line