

## Genesis Preschool Information Form

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

Nickname or name child goes by \_\_\_\_\_

Names and ages of siblings' \_\_\_\_\_

Does your family have a pet? \_\_\_\_\_

List any foods your child is allergic to \_\_\_\_\_

How do you discipline your child? \_\_\_\_\_

What words does your child use for urination? Bowel movement \_\_\_\_\_

What are your child's favorite activities? \_\_\_\_\_

Does your child have any fears that the teacher should know about? \_\_\_\_\_

What would you like your child to receive from attending Genesis? \_\_\_\_\_

Please list any other information about your child that you feel is important for the teacher to know \_\_\_\_\_

Evangelical United Methodist Church

Genesis Preschool - Adult Release Form

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

Mother \_\_\_\_\_ Telephone Number: Home \_\_\_\_\_  
Work \_\_\_\_\_  
Cell \_\_\_\_\_

Father \_\_\_\_\_ Telephone Number: Home \_\_\_\_\_  
Work \_\_\_\_\_  
Cell \_\_\_\_\_

Other \_\_\_\_\_ Telephone Number: Home \_\_\_\_\_  
Work \_\_\_\_\_  
Cell \_\_\_\_\_

\_\_\_\_\_ Telephone Number: Home \_\_\_\_\_  
Work \_\_\_\_\_  
Cell \_\_\_\_\_

\_\_\_\_\_ Telephone Number: Home \_\_\_\_\_  
Work \_\_\_\_\_  
Cell \_\_\_\_\_

\_\_\_\_\_ Telephone Number: Home \_\_\_\_\_  
Work \_\_\_\_\_  
Cell \_\_\_\_\_

\_\_\_\_\_ Telephone Number: Home \_\_\_\_\_  
Work \_\_\_\_\_  
Cell \_\_\_\_\_