

Aldersgate Preschool
2017-2018 Child Information Form

2313 Concord Pike
Wilmington, DE 19803
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Please contact preschool with any updates immediately.

Name of Child _____
(FIRST NAME) (MIDDLE NAME) (LAST NAME)

Birthdate: _____ Date of Admission: _____ Discharge: _____

Name of Parent(s): (Father's name) _____
(Mother's name) _____

Home Address: _____ City _____ State _____ Zip Code _____

Home Phone Number: _____ Mother's Cell Number: _____

Father's Cell Number: _____

Email Addresses (Mother): _____

Email Addresses (Father): _____

Employer Information

1. Employer: _____ Hours of Employment: _____

Business Address: _____ Phone: _____

2. Employer: _____ Hours of Employment: _____

Business Address: _____ Phone: _____

Religion

Religion: _____ Attending

Church: _____

Person other than parent to be notified in emergency situation OR Release of a child when parent is not available:

Name: _____ Relationship: _____

Address: _____ Phone: _____

Names of Persons Other Than Parent to Whom Child May Be Released:

1. _____

2. _____

3. _____

4. _____

A note needs to be written for release of the child to someone other than the parent.

Emergency Medical Care Permission

I, _____, the parent (or legal guardian) of _____ who is my minor child, hereby authorize emergency medical treatment for my child in the event I cannot be contacted to give permission to treat. I understand I will be financially responsible for the cost of such treatment.

Transportation Permission

I, _____, the parent (or legal guardian) of _____ who is my minor child, hereby give permission for my child to be transported with his/her caregiver.

Medical Information

Child's Physician: _____
Phone: _____
Address: _____
Office Hours: _____

Child's Dentist: _____
Phone: _____
Address: _____
Office Hours: _____

Special Medical Information (allergies, etc.):

Please notify your child's teacher with the details

Health Insurance

Medical Insurance Company: _____
Group Number: _____
Member ID #: _____

Dental Insurance Company (if different from Medical Insurance Company)
Dental Insurance Company: _____
Group Number: _____
Member ID #: _____

Parent Signatures

X _____ Date: _____
X _____ Date: _____
Parent Signatures