



Parkway Baptist Church Preschool

Office Use Only:

General Information Form

2024 – 2025

Child's Full Name _____ Preferred Name: _____

Birthday _____ Gender - Male OR Female

Address _____

City, State, Zip Code _____

Mother's Name _____ Phone: _____

Mother's Employer _____ Phone: _____

Father's Name _____ Phone: _____

Father's Employer: _____ Phone: _____

Alternate Emergency Contact Information:

Name & Relation (must be local): _____ Phone: _____

Name & Relation (must be local): _____ Phone: _____

Additional people authorized to pick up your child: _____

Sibling Names & Ages: _____

Are you a member of a local church? _____ Which One? _____

Medical Information (Allergies to medications, foods, other substances as well as severity of allergic reaction):

Child's Doctor: _____ Phone: _____

I agree that the Preschool Director may authorize the physician of choice to provide emergency medical care in the event that I, my spouse, alternate contact(s), nor my child's doctor can be located immediately.

Parent's Signature: _____ Date: _____

Email Address: _____

Please print legibly. A copy of this form will be given to your child's teacher. Please notify the office with any changes to this form.