

Dor Hadash Preschool LLC

Information Form

Child #1 name: _____ Age _____ D.O.B. _____ Sex: _____

Mothers full name _____ Work Phone: _____

Fathers full name : _____ Work Phone: _____

Home Address _____

City, State, Zip _____, _____, _____

Home Phone : _____ Mobile 1: _____

Mobile 2: _____

E-Mail : _____

Emergency phone numbers:

1 _____ Relationship: _____

2 _____ Relationship: _____

Child's health care provider's name: _____

Child's health care provider's address: _____

Health Care provider's phone number: _____

Does your child have any fears or anxieties _____

Does your child have any allergies or special medical condition?

Mother's employer information:

Employer's name _____

Employer's address _____

Employer's phone number _____

Father's employer information:

Employer's name _____

Employer's address _____

Employer's phone number _____