

**Indiana Avenue Preschool/Parents
Day Out
Information Sheet
2010-2011**

Child: _____
Allergy: _____
Child: _____
Allergy: _____
Child: _____
Allergy: _____

Child's Name _____ Birthdate _____ Sex _____

Child's Name _____ Birthdate _____ Sex _____

Child's Name _____ Birthdate _____ Sex _____

Mailing Address _____ Phone: _____

City _____ State _____ Zip _____

Parents' Relationship to Each Other: Married Divorced Separated Single
 Widowed

Child Lives with: Mother and Father Mother Father Grandparents

Other: _____

Father's Name _____

Occupation _____ Employer _____

Work Phone _____ Cell Phone or Pager _____

Address (if different from child's) _____

Mother's Name _____

Occupation _____ Employer _____

Work Phone _____ Cell Phone or Pager _____

Address (if different from child's) _____

Do you have any special talents or hobbies you could share with us? (ie. Play and instrument, collections, etc.) _____

Siblings Names _____ Age _____ Age _____

_____ Age _____ Age _____

Are you actively involved in a church? yes no

If so, where _____

Babies Only

Child's Name:

Diapering: We provide wet wipes for use in the rooms while your child is in our care.

Is your child allergic to baby wipes? ___no ___yes

Do you use diaper rash cream? ___yes ___no

Can we apply diaper rash cream if needed? ___yes ___no

Pacifier ___yes ___no

Sleeping position: _____

Other helpful information:

Child's name:

Please list any allergies or special conditions which the staff should be made aware of:

Any additional information about your child that might be helpful to their teacher
(ie. Just moved, new baby in the home, toilet needs, fears, etc.)

Is your child currently attending another PDO/Preschool program? ___yes ___no
If yes, please list the program:

Has your child previously attended another PDO/Preschool program? ___yes ___no
If yes, please list the program and dates attended:

Child's name:

Please list any allergies or special conditions which the staff should be made aware of:

Any additional information about your child that might be helpful to their teacher
(ie. Just moved, new baby in the home, toilet needs, fears, etc.)

Is your child currently attending another PDO/Preschool program? ___yes ___no
If yes, please list the program:

Has your child previously attended another PDO/Preschool program? ___yes ___no
If yes, please list the program and dates attended: