

**PRESCHOOL  
CHILD INFORMATION RECORD  
ALL BOXES MUST BE COMPLETED**

Name of Child (Last, First)				Address				
Child's Date of Birth		Home Phone Number		City		State	Zip Code	
						Michigan		
Father/Legal Guardian's Name				Mother/Legal Guardian's Name				
Home Address: (If not child's address)				Home Address: (If not child's address)				
City	State	Zip Code	Father's Cell Phone Number	City	State	Zip Code	Mother's Cell Phone Number	
			(    )				(    )	
Parent Employer/School Attending				Parent Employer/School Attending				
Address (Employer/School)				Address (Employer/School)				
City		State	Zip Code	City		State	Zip Code	
Parent Employer/School Phone:			Hours parent at work or school	Employer/School Phone:			Hours parent at work or school	
			To				To	
Local Emergency Person when parent is not available				Address of Emergency Contact				
Home Phone		Work Phone		Cell Phone		City	State	Zip Code
-    -		-    -		-    -				
Contact 1 Name	Contact 1 Telephone	Contact 2 Name		Contact 2 Telephone	Contact 3 Name	Contact 3 Telephone		
Name(s) of Person other than Parent/Legal Guardian to whom child may be released								
<p>I give permission to <b><i>Northville Christian School</i></b>, licensed by the Department of Consumer and Industry Services to secure emergency medical and/or surgical treatment for the above named minor child while in care.</p>								
Signature of Parent or Guardian					Date Signed	AUTHORITY: Act 116 of P.A. COMPLETION: Required. PENALTY: Rule Violation Citation.		
Name and Address of Child's Physician or Health Clinic						Phone Number		
						(    )		
Hospital Preferred for Emergency Treatment				Health Insurance Policy Name and Number				
Allergies, if Any				Date of Last Tetanus Shot (can be obtained from your Physician)				

**Due prior to the first day of class.  
(Your child will be excluded from class until this form is received)**