

Sibling's names and ages (attended Hudson?)

Church/religious affiliation (if any)

Are you interested in learning about Hudson Memorial Presbyterian Church?.....

Previous Preschool experience

Does your child have any:

Chronic medical conditions (asthma, allergies, diabetes, etc...)?

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Speech, motor skill delays/challenges, special education needs?

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Social/emotional concerns (separation anxiety, fears, etc...)?

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List some of your child's favorite toys, books, games, etc...

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Please share some information to help us better care for your child: (attached a separate sheet if necessary)

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The staff cannot permit a child to leave with anyone other than the parents listed on the front of this form or persons authorized in writing by a parent. Please list friends or relatives you are authorizing to pick up your child (a picture ID will be required). If a change is necessary, the parent must notify the school in writing.

Name

Relation

Number

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I have read and agree to all policies and procedures stated in Hudson Memorial Preschool Parent Handbook at www.hmp-preschool.org

The parties agree that to the extent they sign electronically, their electronic signature is the legally binding equivalent to their handwritten signature.

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Parent's signature

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Date