

Small Oaks Christian Preschool
Student intake form

date of enrollment _____

Student's Date of Birth: _____ Age by 5/31 OR 9/15 _____ Class _____

Child's Name _____ Sex M / F

Nickname _____ Siblings (list name, age, and sex of each)

List all allergies _____

Address _____ City _____ Zip Code _____

Home Phone (____) _____ Cell Phone (____) _____

Email address _____

Mother's Name & address _____

Occupation _____

Employer _____

Employer's address and Phone # _____

Father's Name & address _____

Occupation _____

Employer _____

Employer's address and phone # _____

Persons other than parents, with permission to pick up your child.

Include address, phone # and Relationship.

1) _____

2) _____

Emergency contacts- Include address, phone # and Relationship

1) _____

2) _____
