



2023-2024 FUNTIME PRESCHOOL PROGRAM

Date _____
Student Information Form
3 Years Old (Bear)

Resident Non-Resident

M/W or T/TH

STUDENT INFORMATION **PLEASE PRINT CLEARLY**

Child's Name: _____
(First) (Last)

Male Female Birth Date: Month _____ Day _____ Year _____

Check box if your child is under consideration for the Pre-K program within your school district.
If so, please list school district. _____

Check box if you would like your child to be placed in the same class as a friend/relative.
We will do our best to accommodate this request. Name _____

MEDICAL/SPECIAL NEEDS **PLEASE PRINT CLEARLY**

Check box if your child has any medical conditions, health concerns or allergies. Please list below
along with any allergy reaction symptoms _____

Please check box if your child takes any medication. Please list: _____

PARENT INFORMATION **PLEASE PRINT CLEARLY**

Marital Status: Single Married Divorced Other

email address: _____

Mom' Name: _____ Occupation: _____

Mom's Address: _____

Best Number to Contact Mom: _____

Home Cell Work

Dad's Name: _____ Occupation: _____

Dad's Address: _____

Best Number to Contact Dad: _____

Home Cell Work

Name(s) and age(s) of siblings: _____

Please check box if there is a language other than English spoken at home.
List language _____

(MORE INFORMATION TO COMPLETE ON BACK)



EMERGENCY CONTACTS
(In case parents cannot be reached – must be in Oak Forest area)

Name: _____

Relationship to child: _____

Best Number to Contact: _____

Home Cell Work

Name: _____

Relationship to child: _____

Best Number to Contact: _____

Home Cell Work

NAME OF PERSON(S) AUTHORIZED TO PICK UP CHILD
(INCLUDING PARENTS)
