



Date _____
Student Information Form
3 Years Old (Bear)

2026-2027 FUNTIME PRESCHOOL PROGRAM

- Resident M/W/F
or
 Non-Resident T/TH/F 9:00 am – 12:00 pm

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's 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 _____



While we do celebrate Halloween, Thanksgiving, Christmas, Valentine's Day, and Easter at FunTime Preschool, we also like to teach the children about diversity by learning about other holidays and customs. Please share with us below the holidays you may observe or customs that you have so that we can read stories, learn about, and celebrate them in our classroom as well.

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)
