

Hillvue Preschool Ministry Preschooler Information Sheet

Please Print Clearly! Please Fill Out Completely!

Today's Date: _____

Worship Service: 8 AM 9:30AM 11 AM 5 PM

Class/Age of Child (Please Circle):

Babies 1s 2s 3s 4s PreK K

Name of Child:

First: _____ Last: _____

Child's Mailing Address: _____

City/State/Zip: _____

Telephone: _____

Email: _____

Male: _____ Female: _____

Date of Child's Birth: Month: _____ Day: _____ Year: _____

Father's Name:

First: _____ Last: _____

Mother's Name:

First: _____ Last: _____

Parent's Age Range: 20s 30s 40s 50s

Siblings:

Name: _____ Birthdate: _____

Name: _____ Birthdate: _____

Name: _____ Birthdate: _____

Who Brings This Child to Hillvue? _____

Relationship to Child: _____

Child Lives With: ☐ Mother ☐ Father ☐ Both ☐ Relative _____

☐ Other _____

Allergies, if any: _____

Any Other Information: _____

Administrative Use Only:

Classroom Assigned: _____