

# PARENT & GUARDIAN INFORMATION FORM

**Preschool Name:** Learning With Ms. Cece

**Email:** [LearningWithMsCece@gmail.com](mailto:LearningWithMsCece@gmail.com)

---

## CHILD INFORMATION

- **Child's Full Name:** \_\_\_\_\_
  - **Date of Birth:** // \_\_\_\_\_
  - **Age:** \_\_\_\_\_
  - **Home Address:** \_\_\_\_\_
  - **City, State, ZIP:** \_\_\_\_\_
- 

## PARENT/GUARDIAN INFORMATION

### Primary Parent/Guardian

- **Full Name:** \_\_\_\_\_
- **Relationship to Child:** \_\_\_\_\_
- **Phone Number:** \_\_\_\_\_
- **Email Address:** \_\_\_\_\_
- **Employer & Work Phone:** \_\_\_\_\_

### Secondary Parent/Guardian (if applicable)

- **Full Name:** \_\_\_\_\_
  - **Relationship to Child:** \_\_\_\_\_
  - **Phone Number:** \_\_\_\_\_
  - **Email Address:** \_\_\_\_\_
  - **Employer & Work Phone:** \_\_\_\_\_
- 

## EMERGENCY CONTACTS (Other than Parents/Guardians)

(Individuals authorized to pick up the child in case of an emergency)

1. **Name:** \_\_\_\_\_
  - **Relationship to Child:** \_\_\_\_\_

- Phone Number: \_\_\_\_\_
  - 2. Name: \_\_\_\_\_
  - Relationship to Child: \_\_\_\_\_
  - Phone Number: \_\_\_\_\_
- 

## MEDICAL INFORMATION

- Pediatrician's Name: \_\_\_\_\_
  - Phone Number: \_\_\_\_\_
  - Does your child have any allergies?  Yes  No
    - If yes, please list: \_\_\_\_\_
  - Does your child have any medical conditions or special needs?  Yes  No
    - If yes, please explain: \_\_\_\_\_
- 

## PERMISSIONS & CONSENTS

### Emergency Medical Treatment Authorization

I authorize Learning With Ms. Cece to seek emergency medical care for my child if I cannot be reached.

Yes  No

### Photo & Media Release

I grant permission for my child's photos/videos to be used for preschool-related materials (newsletters, website, social media, etc.).

Yes  No

### Field Trip Permission

I allow my child to participate in preschool-organized field trips under staff supervision.

Yes  No

### Authorized Pick-Up

I authorize the individuals listed under "Emergency Contacts" to pick up my child from preschool.

Yes  No

---

## PARENT/GUARDIAN SIGNATURE

I certify that the above information is accurate and agree to notify the preschool of any changes.

- **Parent/Guardian Name:** \_\_\_\_\_
  - **Signature:** \_\_\_\_\_
  - **Date: //** \_\_\_\_\_
- 

### For Office Use Only:

- **Date Received: //** \_\_\_\_\_
- **Staff Initials:** \_\_\_\_\_

Thank you for completing this form! We look forward to a great experience with your child at Learning With Ms. Cece