

JACK and JILL PRESCHOOL

First Baptist Church
Fernandina Beach, FL 32034
904-261-0881



DATE _____

NAME OF CHILD _____
First Middle Last

NAME CHILD IS CALLED _____

CHILD'S ADDRESS _____

NAME OF PARENTS or GUARDIANS _____

WHOM DOES THE CHILD LIVE WITH IF OTHER THAN PARENTS?

NAME _____ RELATIONSHIP _____

HOME PHONE NUMBER _____ CHILD'S BIRTH DATE _____

NAMES AND AGES OF BROTHERS & SISTERS (AND OTHERS) LIVING WITH CHILD:

NAME AGE RELATIONSHIP

NAME AGE RELATIONSHIP

CHURCH AFFILIATION _____ ACTIVE MEMBER? _____

EMERGENCY INFORMATION

PLACE OF EMPLOYMENT _____

MOTHER PHONE #

FATHER PHONE #

LOCAL DOCTOR _____

Emergency Contact Person (other than Parents) 1. _____
NAME PHONE #

2. _____
NAME PHONE #

Please give any information you think would be helpful in caring for your child. (shy, sensitive, allergies, unusual fears, etc.) What would you like your child to achieve or experience while at Jack and Jill? You may use back of sheet.
