## **Jackson Center Schools**

## Pre- Kindergarten

Address:	Child's Name:	Date of Birth:	
Home Address:	Address:	Home Phone:	
Employer name & address:	Parent/Guardian Name:	Cell Phone:	
Please circle which phone number should be used 1st 2nd 3rd to reach you while your child is in the program. Cell 1 2 3 Home 1 2 3 Work 1 2 3  Parent/Guardian Name: Cell Phone:	Home Address:	Home Phone:	
Please circle which phone number should be used 1st 2nd 3rd to reach you while your child is in the program. Cell 1 2 3 Home 1 2 3 Work 1 2 3  Parent/Guardian Name:	Employer name & address:		
Program. Cell 1 2 3 Home 1 2 3 Work 1 2 3  Parent/Guardian Name:	Work Phone:		
Home Address:			
Employer name & address:	Parent/Guardian Name:	Cell Phone:	
Work Phone:  Please circle which phone number should be used 1st 2nd 3rd to reach you while your child is in the program. Cell 1 2 3 Home 1 2 3 Work 1 2 3  Employer Address  Please list two people to be contacted in the event of an emergency if the parent cannot be contacted:  Name  Name  Address  City  City  State  Zip  State  Zip  Relationship to child  Home Phone  Cell Phone  Cell Phone	Home Address:	Home Phone:	
Please circle which phone number should be used 1st 2nd 3rd to reach you while your child is in the program. Cell 1 2 3 Home 1 2 3 Work 1 2 3  Employer Address	Employer name & address:		
program. Cell 1 2 3 Home 1 2 3 Work 1 2 3  Employer Address  Please list two people to be contacted in the event of an emergency if the parent cannot be contacted:  Name  Name  Address  City  City  State  Zip  State  Zip  Relationship to child  Home Phone  Cell Phone  Cell Phone	Work Phone:	_	
Please list two people to be contacted in the event of an emergency if the parent cannot be contacted:  Name  Address  City  City  State  Zip  State  Zip  Relationship to child  Home Phone  Cell Phone  Cell Phone	• • • • • • • • • • • • • • • • • • • •		
Name  Address  Address  City  City  State  Zip  State  Zip  Relationship to child  Home Phone  Home Phone  Cell Phone  Cell Phone	Employer Address		
Address City City State Zip State Zip Relationship to child Home Phone Home Phone Cell Phone Cell Phone Address City City City City City City City City	Please list two people to be contacted in the event of an emergency if the parent cannot be contacted:		
City  State  Zip  State  Zip  Relationship to child  Home Phone  Home Phone  Cell Phone  Cell Phone	Name	Name	
State Zip State Zip  Relationship to child Relationship to child  Home Phone Home Phone  Cell Phone Cell Phone	Address	Address	
Relationship to child  Home Phone  Cell Phone  Cell Phone  Cell Phone	City	City	
Home Phone Home Phone  Cell Phone Cell Phone	State Zip	State Zip	
Cell Phone Cell Phone	Relationship to child	Relationship to child	
	Home Phone	Home Phone	
Work Phone Work Phone	Cell Phone	Cell Phone	
	Work Phone	Work Phone	

Physician:	Dentist:	
Name	Name	
Address	Address	
City, State, Zip	City, State, Zip	
Phone	Phone	
Annual Class Roster		
Each year we prepare a roster for each group of children in epersons other than parents of children enrolled in our progr		
I authorize the following to be listed on the parent roster – Please circle one.		
My child's name Parents/Guardians name Phone Number  YES NO WORK/MOBILE/HOME	NO	
Signature of parent, or guardian.	Date	
CHRONIC PHYSICAL PROBLEMS:		
HISTORY OF HOSPITALIZATION:		
DISEASES THIS CHILD HAS HAD:		
ALLERGIES AND TREATMENT:		
MEDICATIONS, FOOD SUPPLEMENTS, MODIFIED DIET OR FLUORIDE		
SUPPLEMENTS:		
List of persons to whom this child can be released:		
IMPORTANT: PLEASE ATTACH A COPY OF YOUR CHILD'S IMM	MUNIZATION RECORDS	
Exempt from Immunizations: Parent/Guardians signat Religious conviction YES NO	ure for immunization exemption:	