

Joyful Hearts Preschool



A Ministry of

Fairwood Community United Methodist Church

Child's Information

Child's Name: _____ D.O.B: _____ Age: _____

Child's Address: _____ State: _____ Zip: _____

Phone #: _____ Email: _____

With whom does the child reside? Please list the names of everyone living with the child.

Brief **physical** description of child: _____

Does your child have any special needs that we should be aware of? Yes No

If yes please explain: _____

Parent/Guardian Information

Parent/Guardian 1

Name: _____ Relationship to child: _____

Address _____ Zip: _____ WA

Home Phone #: (____) _____ Cell: (____) _____ Email: _____

Employer: _____ Work Phone # _____ Ext. _____

Parent/Guardian 2

Name: _____ Relationship to child: _____

Address _____ Zip: _____ WA

Home Phone #: (____) _____ Cell: (____) _____ Email: _____

Employer: _____ Work Phone # _____ Ext. _____