

# JOHN McMILLAN PRESCHOOL

## Classroom Intake Form 2019-2020

(Please print)

Child's name \_\_\_\_\_ Sex \_\_\_\_\_  
First Middle Last

Preferred name/nickname \_\_\_\_\_ Birthdate \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

E-mail address (for internal school use only) \_\_\_\_\_

Mother's Name \_\_\_\_\_ Occupation \_\_\_\_\_

Father's Name \_\_\_\_\_ Occupation \_\_\_\_\_

Doctor's Name \_\_\_\_\_ Phone \_\_\_\_\_

### Siblings of child:

Name \_\_\_\_\_ Age \_\_\_\_\_ School grade \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ School grade \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ School grade \_\_\_\_\_

### Other members of household:

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

### Personal:

Is child adopted? \_\_\_\_\_ Does child know he/she is adopted? \_\_\_\_\_

Is English the primary language spoken at home? (y/n) \_\_\_\_\_

Please list other language(s) spoken at home \_\_\_\_\_

Any speech problems? (y/n) \_\_\_\_\_ Explain: \_\_\_\_\_

Previous group or school experience \_\_\_\_\_

John McMillan Preschool personnel have permission to take group and individual photos, as well as videos, of my child to be used for John McMillan Preschool education programs or public relations purposes. Children will not be identified by name in any photos.

Yes \_\_\_\_\_ No \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date