

JOHN McMILLAN PRESCHOOL

Classroom Intake Form 2020-2021

(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: _____

Any food allergies? (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