

 **GREENWICH PRESCHOOL CLASSROOM CARD**
CHRISTIAN

Child's Name: _____

Birth Date: _____ Birth Place: _____ M _____ F _____

Home Address: _____ Home Phone: _____

City: _____ State: _____ Zip Code: _____

Mother's Name: _____ Father's Name: _____

Cell #: _____ Cell #: _____

Email: _____ Email: _____

Doctor's Name / #: _____

Allergies/Illness: _____

Please list 2 local people to be contacted in case of emergency if parents cannot be reached

1. Name: _____ Phone #: _____

2. Name: _____ Phone #: _____

Parent/Guardian Signature: _____ Date: _____

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