



# Rainbow Room Preschool Information Sheet

1428 Menoher Blvd. Δ Johnstown, PA 15905 Δ 814-255-7220

Child's Name \_\_\_\_\_ Date of birth \_\_\_\_\_

Gender: \_\_\_\_\_

Likes to be called: \_\_\_\_\_ Home Phone # \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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

Place of Employment \_\_\_\_\_ Work Phone # \_\_\_\_\_

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

Place of Employment \_\_\_\_\_ Work Phone # \_\_\_\_\_

Father's Cell Phone # \_\_\_\_\_ Mother's Cell Phone # \_\_\_\_\_

Preferred email \_\_\_\_\_

In the event you cannot be reached, whom should we call?

Name \_\_\_\_\_ Phone # \_\_\_\_\_

Name \_\_\_\_\_ Phone # \_\_\_\_\_

Primary physician \_\_\_\_\_ Phone # \_\_\_\_\_

Church Affiliation: \_\_\_\_\_

Names and ages of siblings: \_\_\_\_\_

Family pets (kind and name) \_\_\_\_\_

Does your child have opportunities to play with other children? \_\_\_\_\_

Is your child potty trained? No \_\_\_\_\_ Yes \_\_\_\_\_

Does your child have any allergies? No \_\_\_\_\_ Yes \_\_\_\_\_

If yes, please list: \_\_\_\_\_

Does your child have any special medical needs? No \_\_\_\_\_ Yes \_\_\_\_\_

If yes, please list: \_\_\_\_\_

Special concerns (i.e., fears):

\_\_\_\_\_  
\_\_\_\_\_

Signature of Parent

Date

\_\_\_\_\_

\_\_\_\_\_