



C.G.U.H.S. Cougar Cub Preschool Application

Today's Date _____

Full Name of Child _____ Gender _____

Name Child is Called By _____ Date of Birth _____

Home Address _____ City _____ Zip Code _____

Home Phone _____ Cell Phone _____

Mailing Address _____
(If different from home address)

E-Mail Address _____

Child is under the custodial care of:

(both parents)

(mother)

(father)

(other _____.) please provide legal documents if applicable.

Mother's Name _____
Last First Middle

Place of Employment _____ Phone _____

Father's Name _____
Last First Middle

Place of Employment _____ Phone _____

Name and ages of child's siblings:

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Is there any previous or current medical history that could affect your child's participation in activities? If so, please explain _____
_____.

Is your child allergic to anything? ____ If yes, please list _____
_____.

In case of Emergency, whom may we contact?

Name _____	_____	_____
	Relationship	Phone
Name _____	_____	_____
	Relationship	Phone
Name _____	_____	_____
	Relationship	Phone

Child's Doctor/Clinic _____ Phone _____

Child's Dentist/Clinic _____ Phone _____

Child's Care Provider outside of Preschool _____
Phone _____

To help the high school students know what to expect of your child, please use the space below to describe your child and his or her likes, dislikes, fears, fun times, special stories, etc. _____

_____.

PLEASE INCLUDE A COPY OF YOUR CHILD'S BIRTH CERTIFICATE AND IMMUNIZATION RECORD