



HASTINGS FAMILY YMCA

PRESCHOOL CHILD INFO

Please fill out the following information and bring it with you to Preschool Orientation Night.

Childs Name: _____

Birthdate: ____/____/____ Phone Number: _____

Address: _____

Mother's Name: _____ Phone #: _____

Employer: _____ Phone #: _____

Father's Name: _____ Phone #: _____

Employer: _____ Phone #: _____

Allergies: _____

Other Info: _____