

Portland Christian Preschool Information Sheet 2025/2026

Child's name		Birth	ıday		
Please write the na	ame your child goes	by:			
Parents (Mother)			Cell Phone: Work Phone:		
(Father)			ll Phone: ork Phone:		
Current Address: _					
Does your child ha	ve any known allerg ould be aware of? If		ns, insect bit	es, or other health problem at immediate actions the	
Is your child full	y potty trained?	No, still in diapers	/pull ups	Work in Progress	
Independent in	cluding wiping then	nselves Ot	:her informa	tion:	
Name of persons	authorized to PICK	UP child. If more are	listed on th	ne back, check here	
Name	Relationsh	ip to child		Phone	
Name	Relationship to child		Phone		
Name	Relationsh	to child		Phone	
	mes and phone nur nen parents cannot		se of an em	ergency: sickness, disaste	
#1		Phone:			
#2		Phone:			
#3		Phone:			
taken to the NEAI person/s at Portla	REST HOSPITAL EM nd Christian Schoo	ERGENCY ROOM. You I Systems to have you	ır signature ır child tran	tention, your child will be authorizes the responsibl sported to that hospital.	
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•		•			
Signature of Parer	it of Guardian			Date:	
	child/children that	promote the school o	n the schoo	s, video images, or voice bl's website, public radio, o	
,			0		
Parent/Guardian S	ignature:			Date:	