



Messiah Lutheran Preschool Teacher's Reference Form

Name of Child _____ Birth date _____ Sex _____

Address _____ Home phone _____
(Street, PO Box number, City, State, Zip Code)

Email Address _____ Cell phone _____

Mother's Name _____ Occupation _____ Work Hrs. _____

Employer _____ Business phone _____

Father's Name _____ Occupation _____ Work Hrs. _____

Employer _____ Business phone _____

Parent's Marital Status _____ Church Affiliation _____

Physician _____ Phone _____

Physician's Address _____

Two persons that can be notified in emergency if both parents are unavailable.

1. Name _____ Relation _____

Address _____ Phone _____

2. Name _____ Relation _____

Address _____ Phone _____

Previous play experience of your child (Sunday School, etc.)

What kind of activities does your child enjoy?

Names and ages of siblings:

Other members of household:

Pets: (Names and kind)

Illness, Accidents, Operations:

Health concerns:

Allergies:

Auditory, visual, speech, or other disabilities known (please explain):

Please add any comments that might further our understanding of your child:

X

Parent signature

Date