

**New Hanover Christian Preschool**  
**10058 Chamberlayne Road**  
**Mechanicsville, VA 23116**  
**(804)730-9700**

Child's Full Name:	Nickname:	Date of Birth:	Sex:
Address:		City:	Zip:
			Home Phone:
Chronic Physical Problems / Pertinent Development Information / Special Accommodations Needed:			
Previous Schools Attended:			
E-mail address:			Grade entering:

**PARENT(S) / GUARDIAN(S)**

Father:	Place Employed:	Business Phone:
Home Address:		Home Phone:
Mother:	Place Employed:	Business Phone:
Home Address:		Home Phone:
Person(s) or Agency Having Legal Custody of Child		Cells: (M) (F)
Home Address:		Home Phone:
Business Address:		Business Phone:

**EMERGENCY INFORMATION**

Allergies or Intolerance to Food, Medication, etc., and Action to Take in an Emergency:		
Child's Physician:	Phone:	
Two People To Contact if Parents Cannot Be Reached:	Address:	Phone:
1.	1.	1.
2.	2.	2.
Person(s) Authorized to Pick Up Child:		
Person(s) NOT Authorized to Pick Up Child*		

\*Appropriate paperwork such as custody papers shall be attached if a parent is not allowed to pick up the child.  
(over)