Pony Preschool & Child Development Center LLC

490 4th Street N

Bayport, Minnesota 55003

Admissions & Child Contact Form

Child's Information

Child's Name:_____
Last First Middle

Date of Birth:_____Age:____Special Diet or Condition_____

Infant Schedule:_____

Parent Information

	Mother	Father
Name:	_____	_____
Employment:	_____	_____
Work Phone #:	_____	_____
Home Address:	_____	_____
	_____	_____
Home Phone #:	_____	_____
Cell Phone #:	_____	_____

Emergency Contact Information

1) Name:_____	2) Name:_____
Address:_____	Address:_____
Phone #:_____	Phone #:_____
Relationship:_____	Relationship:_____

Persons Authorized to pick up child

1) Name:_____Phone #:_____Address:_____
2) Name:_____Phone #:_____Address:_____
3) Name:_____Phone #:_____Address:_____
4) Name:_____Phone #:_____Address:_____

Medical Information

Physician's Name:_____ Phone #:_____

Name of Insurance Company:_____ Phone #:_____

Dentist's Name:_____ Phone #:_____

Name of Insurance Company:_____ Phone #:_____