St, Matthew's Preschool
222 Church Street
Lehighton, PA 18235
(610) 377-2972
smpreschoolpa@yahoo.com

Student Information Form 2026-2027

Child's Name _____ Birthdate _____

Full Address _____

Parent's Name _____ Phone _____

Full Address _____

Work Place _____ Work Phone _____

Parent's Name _____ Phone _____

Full Address _____

Work Place _____ Work Phone _____

Best Contact Email Address _____

Emergency Contacts (In the event that parents cannot be reached.)

Name _____ Phone _____

Name _____ Phone _____

Name _____ Phone _____

PLEASE DON'T FORGET TO FILL OUT & SIGN THE OTHER SIDE OF THIS FORM. 😊

People Your Child Can Be Released To:

Name _____ Phone _____

Name _____ Phone _____

Name _____ Phone _____

Name _____ Phone _____

Name _____ Phone _____

Name _____ Phone _____

Does your child have any special needs or concerns? _____

_____

Does your child have any allergies? _____

_____

Is there any medical information needed to know in case of an emergency?

_____

_____

Please sign each item below to indicate consent.

Administration of minor first aid: _____
(band-aids, ice packs, Neosporin)

Obtaining emergency medical care: _____

Permission to post pictures of your child on our website and/or Facebook page. No names will be used: _____

Consent to transfer information to your child's elementary school: _____

I give permission to share the above information with St. Matthew's Preschool staff on a need-to-know basis.

My child's full name: _____

_____ _____

Parent Signature Date