S.M.I.L.E.S.

PRESCHOOL SURVEY

NAME OF FATHER/GUARDIAN _____

NAME OF MOTHER/GUARDIAN _____

ADDRESS _____

CITY, STATE, ZIP _____

TELEPHONE _____

PLEASE DO NOT LIST CHILDREN WHO ARE ENROLLED IN THE DISTRICT K-12.

Child's Name (First, Middle, Last)	M	F	Date of Birth (Month, Day, Year)