



REFINERY
- PRESCHOOL -

Procare System Information For Fingerprinting Parents

Child's Name: Last: _____ First: _____

Child's D.O.B: ____ / ____ / ____

Father's Name: Last: _____ First: _____

Father's Phone Number: (____) _____ - _____

Father's Email: _____

Mother's Name: Last: _____ First: _____

Mother's Phone Number: (____) _____ - _____

Mother's Email: _____

Home Address: Number: _____ Street: _____

City: _____ State: _____ Zip: _____