



Information Form

Name _____ **Class** _____
First Middle Last

Age _____ **Birthdate:** Month _____ Day _____ Year _____ **Sex** _____

Address _____
Street City State Zip

Home Phone () _____

Mom Cell () _____ **Dad Cell** () _____

Child Lives with: Mother ___ Father ___ Both ___ Other _____

Email Address(es) _____

Mother's Name (or Guardian) _____
First (Maiden) Last

Mother's Place of Employment _____ **Phone** () _____

Usual work schedule: What days? _____ What hours? _____

Father's Name (or Guardian) _____
First Last

Father's Place of Employment _____ **Phone** () _____

Usual work schedule: What days? _____ What hours? _____

Siblings Name(s)	Sex	Age	Birthdate
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Any other persons living in the household? _____

Contact Information

PERMISSION TO ACT IN EMERGENCIES

I give my permission for the Community Preschool of First Lutheran Church Staff to act in an emergency situation when a parent cannot be reached or is delayed in arriving. This includes following whatever Poison Control advises in the child's best interest.

I have completed the required contact information below:

Signature of parent or guardian

Date

Child Care:

Name of Provider _____ Phone () _____

Address _____

Check if child will come from _____ or go to _____ child care.

Child's Physician:

Name _____ Phone () _____

Clinic _____ Address _____

Child's Dentist:

Name _____ Phone () _____

Clinic _____ Address _____

Persons Authorized to Take Child from Preschool Besides Parents:

Name

Address

Phone

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Place a * by at least two local persons (above) who can assume responsibility for your child in case of illness or emergency if a parent cannot be reached.

Your child will not be permitted to leave with any other person without permission from a parent or guardian.