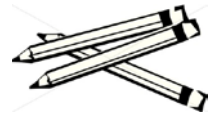


All fields MUST be completed. Please note NA if any field does not apply.

Trinity Lutheran Child Learning Center INFORMATION SHEET 2018-2019



Child's Name _____ Birth Date _____ M F
Child's Address _____

Who should we contact when your child is ill or injured?

First contact _____ Relationship to child _____
1st Phone # _____ 2nd Phone # _____

Second contact _____ Relationship to child _____
1st Phone # _____ 2nd Phone # _____

Mother's / Guardian's Name _____
Address _____
Cell Phone # _____ Cell Ph. Carrier _____ Home Phone # _____
E-mail Address to use for school notifications: _____
Employer _____ Work Schedule _____
Employer Address _____
Work E-mail _____ Work Phone # _____

Father's / Guardian's Name _____
Address --or check if same as above _____
Cell Phone # _____ Cell Ph. Carrier _____ Home Phone # _____
E-mail Address to use for school notifications: _____
Employer _____ Work Schedule _____
Employer Address _____
Work E-mail _____ Work Phone # _____

Emergency Contacts and Persons Authorized to Take Child from Facility (other than parent or guardian)

Name(s) Relationship to child Phone #

Address State Zip Code

Name(s) Relationship to child Phone #

Address State Zip Code

Name(s) Relationship to child Phone #

Address State Zip Code