

Date _____

IDENTIFICATION & EMERGENCY INFORMATION

Mt. Zion Lutheran Preschool

Name of Child _____ Date of Birth _____
Last First Nickname

Address _____ City _____ Zip _____

Home Phone _____ Cell Phone _____ Email _____

Mother's Name _____ Soc Sec # _____ Occupation _____

Employer _____ Work Phone _____

Address _____ Hours _____

Father's Name _____ Soc Sec # _____ Occupation _____

Employer _____ Work Phone _____

Address _____ Hours _____

If either parent is a student, please leave a copy of your current class schedule with the Early Childhood Director

PERSONS AUTHORIZED TO PICK UP CHILD

Name _____ Phone _____

Address _____

Name _____ Phone _____

Address _____

UNDER NO CIRCUMSTANCE WILL A CHILD BE RELEASED TO ANYONE NOT KNOWN TO THE CENTER WITHOUT AUTHORIZATION FROM THE PARENT(S) OR GUARDIAN(S).

Family Physician _____ Phone _____

Address _____

Family Dentist _____ Phone _____

Address _____

PERSONS TO BE CALLED IN CASE OF EMERGENCY

In case of emergency, we will always try to contact the parents first

(Be sure to include someone LOCAL who will usually know your whereabouts)

Contact #1: Name _____ Phone _____

Address _____ Relationship to Child _____

Contact #1: Name _____ Phone _____

Address _____ Relationship to Child _____

PARENT'S SIGNATURE(S)

X _____ X _____

Please list any allergies or other medical conditions that the staff should be aware of: