Date	

IDENTIFICATION & EMERGENCY INFORMATION Mt. Zion Lutheran Preschool

Name of Child		Date of Birth	
Last	First	Nickname	
Address	City	Zip	
Cell Phone(Dad)	Email		
CellPhone(Mom)	Email		
Mother's Name	Occupation		
		Work Phone	
Address		Hours	
Father's Name	Occupation		
Employer	Work Phone		
		Hours_	
PERSONS AUTHORIZED	TO PICK UP CHILD		
Name		Phone	
Name		Phone	
Address			
UNDER NO CIRCUMSTAI	NCE WILL A CHILD BI	E RELEASED TO ANYONE NOT	
		IZATION FROM THE PARENT(S)	
	K WITHOUT MUTHOR	izitiion ricom the tricent(6)	
OR GUARDIAN(S).		Dhomo	
Address	Phone		
Address	Dhana		
Address	Phone		
	dar Cammunity 2750 D. 1. WAG	D. 11. GO 00204 (202) 440 2200	
Hospital Choice (circle one) Boule	<u>•</u>		
or Bould	der Community Footnills 4747 A	rapahoe Ave, Boulder, CO 80303 <u>(303) 415-7000</u>	
	ΓO BE CALLED IN CAS		
	ergency, we will always try to		
	someone LOCAL who will us	sually know your whereabouts)	
		Phone	
Address		Relationship to Child	
Contact #1: Name		Phone	
Address		Relationship to Child	
PARENT'S SIGNATURE(S	5)		
X	X	X	
*********	*********	**************	
Please list any allergies or other me	edical conditions that the staff s	should be aware of:	