



PARENTS, please complete this form.

Registration Form

Child's Name: _____ Child's Birthdate: _____

Child's Home Address: _____

Parent 1 Name: _____ Phone #: _____

Parent 1 Address (if different from above): _____

Parent 1 E-Mail Address: _____

Parent 1 Place of Employment: _____ Phone #: _____

Parent 2 Name: _____ Phone #: _____

Parent 2 Address (if different from above): _____

Parent 2 E-Mail Address: _____

Parent 2 Place of Employment: _____ Phone #: _____

Transportation Permission

Who has permission to drop-off or pick-up your child from Trinity Lutheran Preschool? All new faces will be asked for a photo ID and will need to match persons listed below.

Name: _____ Relationship: _____ Phone #: _____

Name: _____ Relationship: _____ Phone #: _____

Name: _____ Relationship: _____ Phone #: _____

Church Affiliation (if had): _____



Emergency Information

Child's Name: _____

Child's Primary Doctor: _____ Phone #: _____

Doctor's Address: _____

Child's Primary Dentist: _____ Phone #: _____

Dentist's Address: _____

Insurance Company: _____ Policy #: _____

Please list any food or medication allergies: _____

Current Medications: _____

Emergency Contact

During an emergency, the child care provider is authorized to contact the following person when parents cannot be reached:

Name: _____ Relationship: _____ Phone #: _____

Permission for Emergency Medical Treatment

In the event of an emergency, the child care provider is authorized to obtain emergency medical or dental care even if the child care center is unable to immediately make contact with parent. I understand that I am expected to finance any expense incurred during the emergency process.

Parent Signature: _____ Date: _____