

Grace Lutheran Preschool Enrollment/Emergency Contact Form

USE OF FORM: Under licensing rules the parent/guardian must complete this form for placement in the child's confidential file at the Preschool.

CHILD INFORMATION

Name (Last, First, MI)	Address - Home (Street, City, State, Zip)	Telephone Number	Birthdate (mm/dd/yyyy)	First Day of Attendance
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PARENT OR GUARDIAN - All parents / guardians are permitted to visit during center hours unless access is prohibited or restricted by a court order. Attach court order, if any.

Relationship to Child	Name	Address - Home (Street, City, State, Zip)	Telephone No.	Work Address OR Address Where Reachable While Child is at Facility	Telephone No.
Mother					
Father					
Guardian					
Guardian					

PERSONS AUTHORIZED TO CALL FOR YOUR CHILD - Provide the information requested for each person authorized to call for your child.

Relationship to Child	Name	Address - Home (Street, City, State, Zip)	Telephone No.	Work Address OR Address Where Reachable While Child is at Facility	Telephone No.

EMERGENCY CONTACT - List information of person to contact when mother, father or guardian cannot be reached.

Relationship to Child	Name	Address - Home (Street, City, State, Zip)	Telephone No.	Work Address OR Address Where Reachable While Child is at Facility	Telephone No.

PHYSICIAN OR MEDICAL FACILITY

Name	Address	Telephone Number
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AUTHORIZATION

- Yes No I hereby give my consent for emergency medical care or treatment to be used only if I cannot be reached immediately.
- Yes No I have had an opportunity to review the policies of this day care center and a summary of the Wisconsin Rules for Licensing Day Care Centers.
- Yes No I give permission for my child to participate in field trips and other activities during operating hours. Transported Walking

RELIGIOUS BACKGROUND

- Yes No **Our child was baptized into the Christian faith**
- Yes No **We currently belong to or regularly attend a Christian church**

SIGNATURE - Parent or Guardian

Date Signed

