

REDEEMER LUTHERAN PRESCHOOL REGISTRATION FORM

CHILD INFORMATION

Child's Name: _____
(First) (Middle) (Last)

Name or nickname by which you prefer your child to be called: _____

Birth date (M/D/Y) _____ Gender: Male: _____ Female: _____

PARENT INFORMATION

Father's Name: _____ Cell Phone: _____

Mother's Name: _____ Cell Phone: _____

Home Phone: _____

Email Address: _____

Home address of Child: _____
(Street) (City) (Zip)

Father's occupation: _____ Business phone: _____

Father's place of employment: _____ Father's Working Hours: _____

Mother's occupation: _____ Business phone: _____

Mother's place of employment: _____ Mother's Working Hours: _____

EMERGENCY MEDICAL INFORMATION

Child's Dentist: _____ Phone: _____

Dentist Address: _____

Child's Physician: _____ Phone: _____

Physician Address: _____

List any special needs: _____

Allergies (food/environmental/medications): _____

EMERGENCY CONTACTS/INDIVIDUALS AUTHORIZED TO PICK UP CHILD

Name: _____ Address: _____ Phone: _____

Name: _____ Address: _____ Phone: _____

