

Triumphant Lutheran Preschool

Parent Information	
Parent 1	Parent 2
Name:	Name:
Phone number #1 while child is in Care:	Phone Number while child is in care:
Phone #2 while child is in care:	Phone number while child is in care:
	If different than parent 1, please fill in below
Address:	Address:
City, ST, Zip:	City, ST, Zip:
Email address:	Email address:
Child Information	
Name:	Male <input type="checkbox"/> Female <input type="checkbox"/>
Birthday:	Address same as: <input type="checkbox"/> Parent 1 <input type="checkbox"/> Parent 2 <input type="checkbox"/> Both
List any special needs that your child may have (allergies, existing illness, previous serious illness, injuries in the last 12 months, any medications prescribed for long-term continuous use) or any other information our staff should be aware of to properly care for your child: <i>(Please write N/A if there is no information to provide in this section)</i>	
Does your child have diagnosed food allergies? <i>O yes O no-- Action plan submitted on _____</i>	
Emergency Contacts	
<i>Persons to contact in case of emergency and the parents cannot be reached.</i>	
Name:	Name:
Relationship:	Relationship:
Phone:	Phone:
Address:	Address:
City, ST, Zip:	City, ST, Zip:

Office Use Only

Date of Admission:

Schedule:

Date of Withdrawal:

Class:

Release		
<i>I hereby authorize TLP to release my child only to the following individuals:</i>		
Name:	Name:	Name:
Relationship:	Relationship:	Relationship:
Phone:	Phone:	Phone:

Medical Emergency		
<i>In the event that I cannot be reached to make arrangements for emergency medical care, I authorize TLP staff to take my child to the facility listed below and I give consent for the facility to secure any and all necessary emergency medical care for my child.</i>		
Doctor:	Hospital:	Food / Medicine Allergies: (please mark N/A if there are none)
Address:	Address:	
City, ST, Zip:	City, ST, Zip:	
Phone:	Phone:	

Parent Signature:	Date:
-------------------	-------

Activity & Release Acknowledgements		
Consent	Do Not Consent	Activity
<input type="checkbox"/>	<input type="checkbox"/>	My child to attend chapel in the Church Sanctuary.
<input type="checkbox"/>	<input type="checkbox"/>	Participate in other activities held in the church fellowship hall.
<input type="checkbox"/>	<input type="checkbox"/>	My child to participate in field trips
<input type="checkbox"/>	<input type="checkbox"/>	My child to participate in water activities (wading pools, water tables, sprinkler play.)
<input type="checkbox"/>	<input type="checkbox"/>	Use my child's photo to hang up around the center & in the classroom.
<input type="checkbox"/>	<input type="checkbox"/>	To publish my child's photo in a newsletter (school-wide or per class.)
<input type="checkbox"/>	<input type="checkbox"/>	To use my child's photo on www.triumphantlutheranchurch.org .
<input type="checkbox"/>	<input type="checkbox"/>	To use my child's photo on a class picture CD.
Lunch: I understand that if my child stays for Lunch, TLP is not responsible for the nutritional value of the lunch provided by parent.		
<input type="checkbox"/>	<input type="checkbox"/>	For staff to apply topical first aid ointment or sunscreen (provided by parent).
Parent Signature:	Date:	

I acknowledge receipt of TLP's operational policies (Parent Packet) including those for Discipline & Guidance.	
Parent Signature:	Date: