

Enrollment Date: _____ Start Date: _____
Child's Name: _____ Date of Birth: _____
Parent(s): _____ Address: _____
Phone: _____
Father's Employer: _____ Marital Status: Married __ Divorced __ Single __ Cohabit __
Phone: _____ Mother's Employer: _____
Cell: _____ Phone: _____
Email: _____ Cell: _____
Email: _____

PERSON TO CONTACT IN AN EMERGENCY

Name: _____ Phone: _____
Grandparents: _____ Phone: _____
Address: _____
Physician: _____ Phone: _____ Allergies: _____
The Lutheran Daycare Center Staff has my permission to release the child to the following
persons: _____
Parents Signature: _____

----- CUT ON LINE AND TURN IN -----