



## Little Lambs Preschool

### Child Information Sheet

Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Nickname: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_



#### Mother's Information:

Name: \_\_\_\_\_

Employer: \_\_\_\_\_

Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Email: \_\_\_\_\_

#### Father's Information:

Name: \_\_\_\_\_

Employer: \_\_\_\_\_

Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Email: \_\_\_\_\_

#### **In case of an emergency and the PARENTS cannot be reached, contact the following:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relation: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relation: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relation: \_\_\_\_\_

Child's Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

List Child's Allergies (including food) : \_\_\_\_\_

List any special needs your child may have: \_\_\_\_\_

### RELEASES

1. My child may be photographed/filmed for Facebook posts at the LWLC Little Lambs Preschool. Pictures/videos will only be posted to Little Lambs Facebook page. \_\_\_ Yes\* \_\_\_ No

2. LWLC Little Lambs Preschool may give my child emergency medical \_\_\_ Yes\*\* \_\_\_ No

\*I waive any and all rights to claim for payment or royalties in connection with any exhibition, television, or other showing of television image, tape recording, and motion or still picture films, regardless of whether such exhibition or showing is philanthropic, educational, commercial, Institutional, or private sponsorship, and irrespective of whether a fee is charged.

\*\*I agree to accept responsibility for expenses incurred for medical care required by my child. I further agree that the administration and staff of Little Lambs Preschool at Living Word Lutheran Church not be held legally or financially responsible for any accidents, injuries, or sickness which may occur during the operating hours of the Center, including those due to transportation or school related activities.

### Pick-up Authorization

Permission is granted for the following people to deliver and/or pick up my child, \_\_\_\_\_ (child's name), at the LWLC Little Lambs Preschool. I release the LWLC Little Lambs Preschool of all legal responsibilities associated with third-party releases. I also understand it is my responsibility to notify the people listed below of the pickup procedures noted in our Parent Handbook.

1. Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

2. Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

3. Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Director Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Record updated & signed by parent (once a year):*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Director's Initials: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Director's Initials: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Director's Initials: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Director's Initials: \_\_\_\_\_