

FAMILY INFORMATION

****PLEASE PRINT****

Only complete information for those who have legal custody

Father's/Guardian's Name _____ Phone _____ Cell _____

Address _____ City/St/Zip _____

Employer _____ Position _____ Work Phone _____

E-mail Address(es) _____

Mother's/Guardian's Name _____ Phone _____ Cell _____

Address (if different than above) _____ City/St/Zip _____

Employer _____ Position _____ Work Phone _____

E-mail Address(es) _____

If parents are separated, with whom do the children reside? _____

Religion: _____ Denomination: _____ Church Attending: _____

#1 Student Name _____ Grade _____ Age _____ Date of Birth _____

Goes By: _____ Student E-mail: _____

Please check if child #1 will be enrolled in daycare. Student Cell Phone: _____

#2 Student Name _____ Grade _____ Age _____ Date of Birth _____

Goes By: _____ Student E-mail: _____

Please check if this child will be enrolled in daycare. Student Cell Phone: _____

#3 Student Name _____ Grade _____ Age _____ Date of Birth _____

Goes By: _____ Student E-mail: _____

Please check if this child will be enrolled in daycare. Student Cell Phone: _____

#4 Student Name _____ Grade _____ Age _____ Date of Birth _____

Goes By: _____ Student E-mail: _____

Please check if this child will be enrolled in daycare. Student Cell Phone: _____

#5 Student Name _____ Grade _____ Age _____ Date of Birth _____

Goes By: _____ Student E-mail: _____

Please check if this child will be enrolled in daycare. Student Cell Phone: _____

MEDICAL RELEASE AND INFORMATION

****PLEASE PRINT****

Please list child's name and any physical, emotional, or learning difficulties per child: _____

List child's name and any Allergies or Conditions per child: _____

List any medications for each child: _____

Emergency Contacts

Contact #1 _____ Cell _____ Phone _____
(name/relationship)

Contact #2 _____ Cell _____ Phone _____
(name/relationship)

Contact #3 _____ Cell _____ Phone _____
(name/relationship)

In addition to those listed above, the following people are allowed to pick up my child(ren):

Name _____ Cell _____ Phone _____

Name _____ Cell _____ Phone _____

Name _____ Cell _____ Phone _____

AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION

I/we authorize Immanuel Christian School to seek emergency medical attention for my child.

Insurance Company _____ Policy Number _____

Doctor's Name _____ Phone _____

Address _____

Hospital _____ Phone _____

Address _____

I/we give consent for any and all necessary treatment when my child is in the care of emergency medical personnel and/or the hospital and/or clinic.

Mother's/Guardian's signature _____ Date _____

Father's/Guardian's signature _____ Date _____