

St. Paul Lutheran Early Childhood Center Registration and Emergency Form

Child's Last Name:_____ First Name:_____

Middle Name:_____ Phone (____)_____ Date of Birth_____

Full Address:_____

Gender:_____ Student lives with: Both Mother Father Other

First Parent/Guardian

Salutation_____ Last Name:_____ First Name:_____

Relation_____ Marital Status (Married/Single/Divorced) Email Address_____

Home Phone (____)_____ Cell Phone (____)_____ Work Phone (____)_____

Emergency Contact (____) yes (____) No Authorized Pickup (____) Yes (____) No

Religion _____ Church you are actively attending _____

Occupation_____ Company_____

Second Parent/Guardian

Salutation_____ Last Name:_____ First Name:_____

Relation_____ Marital Status_____ Email Address_____

Home Phone (____)_____ Cell Phone (____)_____ Work Phone (____)_____

Emergency Contact: Yes No Authorized Pickup: Yes No

Religion _____ Church you are actively attending _____

Occupation_____ Company_____

Other Contacts

Name_____ Relation_____

Phone (____)_____ Emergency Contact: Yes No Authorized pick up: Yes No

Name_____ Relation_____

Phone (____)_____ Emergency Contact: Yes No Authorized pick up: Yes No

Name_____ Relation_____

Phone (____)_____ Emergency Contact: Yes No Authorized pick up: Yes No

PLEASE FILL OUT BOTH PAGE 1 AND PAGE 2

The ECDC has permission to include my phone number/email for phone chains.

Yes No

The ECDC has my permission to use my child's photograph for any school related media, inclusive but not limited to: brochures, newspapers, website, promotional items, etc.. Yes No

Medical Information

Physician: _____ Address: _____

Phone (____) _____

Dentist: _____ Address: _____

Phone (____) _____

Indicate student's serious medical problems: _____

Student is allergic to: _____

Medication(s) student takes on a daily basis: _____

Parent/Guardian Signature: _____

Date: _____