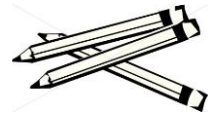


All fields **MUST** be completed. Please note NA if any field does not apply.



Trinity Lutheran Child Learning Center INFORMATION SHEET 2022-2023



Child's Name _____ Birth Date _____ M / F
Child's Address _____

Who should we contact when your child is ill or injured?

First contact _____ Relationship to child _____
1st Phone # _____ 2nd Phone # _____

Second contact _____ Relationship to child _____
1st Phone # _____ 2nd Phone # _____

Mother's / Guardian's Name _____

Address _____

Cell Phone # _____ Cell Ph. Carrier _____ Home Phone # _____

E-mail Address *to use for school notifications:* _____

Employer _____ Work Schedule _____

Employer Address _____

Work E-mail _____ Work Phone # _____

Father's / Guardian's Name _____

Address --or check if same as above _____

Cell Phone # _____ Cell Ph. Carrier _____ Home Phone # _____

E-mail Address *to use for school notifications:* _____

Employer _____ Work Schedule _____

Employer Address _____

Work E-mail _____ Work Phone # _____

Emergency Contacts and Persons Authorized to Take Child from Facility *(other than parent or guardian)*

Name(s) _____ Relationship to child _____ Phone # _____

Address _____ State _____ Zip Code _____

Name(s) _____ Relationship to child _____ Phone # _____

Address _____ State _____ Zip Code _____

Name(s) _____ Relationship to child _____ Phone # _____

Address _____ State _____ Zip Code _____

Attach separate sheet if you need to add more than three contacts.

Missouri licensing requires all fields to be filled out completely. Note NA if any field does not apply.