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| **Parent Information** |
|  **Parent 1**  | **Parent 2** |
| **Name:**  | **Name:**  |
| **Home Phone:**  | **Home Phone:**  |
| **Work Phone:**  | **Work Phone:**  |
| **Cell Phone:**  | **Cell Phone:**  |
| **Address:**  | **Address:**  |
| **City, ST, Zip:**  | **City, ST, Zip:**  |
| **Email address:**  | **Email address:**  |
| **Child Information** |
| **Name:**  | **Male** **[ ]  Female** **[ ]**  |
| **Birthday:**  | **Address same as:****[ ]  Parent 1** **[ ] Parent 2** **[ ]  Both** |
| **List any special needs that your child may have (allergies, existing illness, previous serious illness, injuries in the last 12 months, any medications prescribed for long-term continuous use) or any other information our staff should be aware of to properly care for your child: *(Please write N/A if there is no information to provide in this section)*** |
| **Emergency Contacts** |
| ***Persons to contact in case of emergency and the parents cannot be reached.***  |
| **Name:**  | **Name:**  |
| **Relationship:**  | **Relationship:**  |
| **Phone:**  | **Phone:**  |
| **Address:**  | **Address:**  |
| **City, ST, Zip:**  | **City, ST, Zip:**  |

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| Office Use Only |
| Date of Admission: | Schedule: |
| Date of Withdrawal: | Class: |

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| **Release**  |
| ***I hereby authorize TLP to release my child to the following individuals:***  |
| **Name:**  | **Name:**  | **Name:**  |
| **Relationship:**  | **Relationship:**  | **Relationship:**  |
| **Phone:**  | **Phone:**  | **Phone:**  |

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| **Medical Emergency** |
| ***In the event that I cannot be reached to make arrangements for emergency medical care, I authorize TLP staff to take my child to the facility listed below and I give consent for the facility to secure any and all necessary emergency medical care for my child.***  |
| **Doctor:**  | **Hospital:**  | **Food / Medicine Allergies: (please mark N/A if there are none)** |
| **Address:**  | **Address:**  |
| **City, ST, Zip:**  | **City, ST, Zip:**  |
| **Phone:**  | **Phone:**  |

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| **Parent Signature: Date:** |

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| **Activity & Release Acknowledgements** |
| *Consent* | *Do Not Consent* | *Activity* |
| [ ]  | [ ]  | My child to attend chapel in the Church Sanctuary. |
| [ ]  | [ ]  | Participate in other activities held in the church fellowship hall. |
| [ ]  | [ ]  | My child to participate in field trips |
| [ ]  | [ ]  | My child to participate in water activities (wading pools, water tables, sprinkler play.) |
| [ ]  | [ ]  | Use my child’s photo to hang up around the center & in the classroom. |
| [ ]  | [ ]  | To publish my child’s photo in a newsletter (school-wide or per class.) |
| [ ]  | [ ]  | To use my child’s photo on www.triumphantlutheranchurch.org. |
| [ ]  | [ ]  | To use my child’s photo on a class picture CD. |
| ***Lunch:*** I understand that if my child stays for Lunch Buddies TLP is not responsible for the nutritional value of the lunch provided by the parent. |
| **Parent Signature: Date:**  |

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| I acknowledge receipt of TLP’s operational policies (Parent Packet) including those for Discipline & Guidance. |
| **Parent Signature: Date:**  |