|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **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:** | | |

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

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

|  |  |  |
| --- | --- | --- |
| **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:** |

|  |
| --- |
| **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:** |