

First Lutheran Children's Programs Admission Information Sheet

Date Form Completed: _____

Program: Preschool ____ Kid's Club ____ SAC ____ Camp ____ Toddler ____ Tiger ____

Child's Name: _____

Birthdate: ____ / ____ / ____ Weight ____ Age ____ Sex M F GRADE/CLASS ____

Home Address _____
Street City State Zip Code

Home Phone: _____ Language Spoken at Home: _____

Father/Guardian's Name _____

Home Address _____
Street City State Zip Code

Place of Employment _____

Work Address _____
Street City State Zip Code

Home Email Address _____ Work Email Address _____

Home Phone _____ Work Phone _____ Cell Phone _____

Mother/Guardian's Name _____

Home Address _____
Street City State Zip Code

Place of Employment _____

Work Address _____
Street City State Zip Code

Home Email Address _____ Work Email Address _____

Home Phone _____ Work Phone _____ Cell Phone _____

Marital Status (Please circle)

Father - Married Separated Divorced Remarried Single

Mother - Married Separated Divorced Remarried Single

CUSTODY ARRANGEMENTS/AGREEMENTS

Please explain and attach supporting documentation, such as a copy of a court decree or separation agreement. Custody Arrangements - _____

Child's Name: _____ Date: _____

IDENTIFICATION CARDS

Each family will be issued four (4) Identification Cards. Each card will display your family's ID number. We ask that you safeguard these cards and that each authorized escort have the ID card on his/her person when checking out a child. We realize that many parents/guardians will become familiar to us and the ID card may not seem necessary. Please continue to carry the card and give only to authorized persons.

As an additional safety measure, please call if there will be a change in the pick up person on a given day.

NAME	RELATIONSHIP TO CHILD

ABOUT YOUR CHILD

1. What school does your child attend? _____ Grade _____ Teacher _____

2. What special interests and talents and skills does your child have? _____

3. How would you best describe your child in a group? Circle all that apply:

shy a loner competitive cooperative disruptive

4. Is your child generally: Circle all that apply.

cooperative happy angry whiny submissive
aggressive sensitive quiet

Please list other behavior characteristics of your child: _____

5. Does your child exhibit specific fears? Yes No

Please explain: _____

Child's Name: _____ Date: _____

6. Is there any social or emotional adjustment information we should know about your child?

7. Is your child taking any medications? Yes No

If yes, please list and explain: _____

8. Has your child had any of the following childhood diseases? Please circle

Measles German Measles Chicken Pox

Mumps Other _____

9. Are there any activities your child should not participate in? _____

10. Are there any foods your child may not eat?

due to religious customs: _____

due to allergies: _____

11. Does your child have any other allergies? _____

12. What language does your family speak at home? _____

13. Please tell us any other pertinent information that you feel we should know about your child in order to help us make this experience happy, healthy and enriching. Thank you. _____
