

PEACE LUTHERAN PRESCHOOL AND EARLY CHILDCARE CENTER

CHILD RECORD FORM 2021 2022

1710 N North Road, Grand Island, NE 68803

308-850-2146 or 308-384-5673 X101

PLEASE FILL IN ALL INFORMATION

CHILD'S NAME _____ Male _____ Female _____

Birthdate _____ Baptism Date _____ Nickname _____

Child lives with Birth Parents ___ Mom ___ Dad ___ Other (specify) _____

Child's Race (circle one) Caucasian Black / African American Asian / Pacific Islander
Hispanic Native Am/Alaska Native Other (specify) _____

Siblings: Brother(s) Name(s) and Age(s) _____

Sister(s) Name(s) and Age(s) _____

OFFICE ONLY: Enrollment Date _____ Updates _____ Date Care Ceased _____

Child named above is enrolling with an IEP Yes ___ No ___ for _____

Parent (Guardian) Information

Marital Status (circle one): Married Widowed Separated Divorced Never Married

FATHER (Guardian) Relationship to child: (circle one):

Birth Parent Adopted Parent Step Parent Foster Parent Grandparent Other (specify) _____

Name _____ Employer _____

Address _____ Address _____

City/Zip Code _____ City/Zip Code _____

Primary Contact Phone _____ Work Phone _____

Primary Email (please print clearly) _____

MOTHER (Guardian) Relationship to child: (circle one):

Birth Parent Adopted Parent Step Parent Foster Parent Grandparent Other (specify) _____

Name _____ Employer _____

Address _____ Address _____

City/Zip Code _____ City/Zip Code _____

Primary Contact Phone _____ Work Phone _____

Primary Email (please print clearly) _____

***Persons to Whom Child may be Released by Peace Lutheran Childcare:** (If no one, write "none")

Name _____ Name _____
Address _____ Address _____
City/State/Zip _____ City/State/Zip _____
Primary Phone _____ Primary Phone _____

***Persons Who will Take Responsibility in an Emergency when the Parent cannot be Reached:** (ONE NAME MUST BE LISTED)

Name _____ Name _____
Address _____ Address _____
City/State/Zip _____ City/State/Zip _____
Primary Phone _____ Primary Phone _____

***Persons listed must provide photo ID upon request from staff before child is released. Contact director/teacher to add additional contacts any time.**

Consent to Contact Physician in Emergency

In the event I cannot be reached to make arrangements I hereby give my consent to PEACE LUTHERAN CHILDCARE to contact

Doctor _____ Phone _____ Address _____

And, if necessary, take my child to the following doctors, clinics, or hospitals.

Signature of Parent _____ Date _____

Child's Medical Information with *Immunization Records

List any allergies and/or intolerance to food, insect bite or stings or other factors that result in a medical reaction. Please give clear instructions in the event of an exposure of the factor _____

Current health status or any health problems caregiver should know _____

Medications, if any (no medications (except Epipens) are dispensed to children by staff including lozenges and cough drops) _____

Special Concerns: (glasses, hearing aid, crutches, wheel chair) _____

Any activities child should NOT engage in: _____

Company providing health and/or accident insurance coverage: (optional) _____

I certify that the above information is correct to the best of my knowledge.

Signature of Parent/Guardian _____ Date _____

Name of church presently attending _____ Pastor/Priest _____

How did you hear about Peace Preschool/Childcare? _____

Names of previous family members attending Peace Preschool/Childcare _____

