



IMMANUEL LUTHERAN CHILD CARE

Child Information Sheet

Child's Full Name: _____ Nickname: _____

FATHER'S INFORMATION

Full Name: _____ Date of Birth: _____

Phone Number: _____ Carrier: _____

Email Address: _____

MOTHER'S INFORMATION

Full Name: _____ Date of Birth: _____

Phone Number: _____ Carrier: _____

Email Address: _____

In case of emergency, who should we try first? _____

ADDITIONAL AUTHORIZED PICK UP INDIVIDUALS:

| Name | Relationship |
|-------|--------------|
| _____ | _____ |
| _____ | _____ |

Religious Affiliation: _____ Church Home: _____

If no Church Home, would you like more information about Immanuel Lutheran Church? Y ___ N ___

Baptism Date: _____ If not baptized, would you like more information? Y ___ N ___

Siblings and ages: _____

Is there anything else about your child that would be helpful for us to know?

How did you hear about Immanuel Lutheran Child Care?
