

ELBC Preschool / Children Information

Date: _____

Parents / Guardians

Father's Information

Name _____ Email _____

Mailing Address _____

Street

City

State

Zip

Physical Address (if different) _____

Home Phone _____ Cell Phone _____ Work Phone _____

Mother's Information

Name _____ Email _____

Mailing Address (if different from father) _____

Street

City

State

Zip

Home Phone _____ Cell Phone _____ Work Phone _____

Pre-Approved Escorts (People who may pick up you children on your behalf. Must be 7th grade or above)

1. _____ Relationship _____ 2. _____ Relationship _____

3. _____ Relationship _____ 4. _____ Relationship _____

Emergency Contact (Different from above)

Name _____ Phone # _____

*For any concerns that will affect your child in the group environment, please see Ministry Director

Child(ren)'s Information

Child 1	Class
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Name _____ Age _____ Birth Date _____ Grade _____ Sex M / F

Allergies / Medical _____

Please let us know if there are special instructions for your child or how we can help your child transition

May we have permission to photograph your child? Yes / No

May we have permission to use your child's photograph for the purpose of promotion? Yes / No

Child(ren)'s Information Continued

Child 2

Class

Name _____ Age _____ Birth Date _____ Grade _____ Sex M / F

Allergies / Medical _____

Please let us know if there are special instructions for your child or how we can help your child transition

May we have permission to photograph your child? Yes / No

May we have permission to use your child's photograph for the purpose of promotion? Yes / No

Child 3

Class

Name _____ Age _____ Birth Date _____ Grade _____ Sex M / F

Allergies / Medical _____

Please let us know if there are special instructions for your child or how we can help your child transition

May we have permission to photograph your child? Yes / No

May we have permission to use your child's photograph for the purpose of promotion? Yes / No

Child 4

Class

Name _____ Age _____ Birth Date _____ Grade _____ Sex M / F

Allergies / Medical _____

Please let us know if there are special instructions for your child or how we can help your child transition

May we have permission to photograph your child? Yes / No

May we have permission to use your child's photograph for the purpose of promotion? Yes / No

Child 5

Class

Name _____ Age _____ Birth Date _____ Grade _____ Sex M / F

Allergies / Medical _____

Please let us know if there are special instructions for your child or how we can help your child transition

May we have permission to photograph your child? Yes / No

May we have permission to use your child's photograph for the purpose of promotion? Yes / No