

First Lutheran Children's Programs Admission Information Sheet
Family Information: Please complete ONE form per family.
(Please Print Clearly)

Family Information: _____ Date Form Completed: _____

Program: Toddler _____ Preschool _____ SAC _____ Camp _____

Child's Name: _____ DOB/AGE: _____ SEX: M F

Child's Name: _____ DOB/AGE: _____ SEX: M F

Child's Name: _____ DOB/AGE: _____ SEX: M F

Home Address _____
Street City State Zip Code

Home Phone: _____

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 _____

First Lutheran Children's Programs Admission Information Sheet
Family Information: Please complete ONE form per family.
(Please Print Clearly)

Family Information (continued):

Date Form Completed: _____

Child's Name: _____
 Child's Name: _____
 Child's Name: _____

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: _____

EMERGENCY CALL LIST/PERSONS AUTHORIZED TO PICK UP CHILD

In case of emergency or when you cannot be reached we will call someone else to report the emergency and decide on an appropriate course of action. Please list four (4) persons to call, in preference. **DO NOT LIST YOURSELF OR YOUR SPOUSE** (if listed above as parent). Please list four (4) persons authorized to pick your child up from our program. Please have those authorized to pick up your child bring a form of photo ID, such as a driver's license or passport.

FULL NAME OF EMERGENCY CONTACT	HOME PHONE	CELL PHONE	WORK PHONE
1.			
2.			
3.			
4.			
FULL NAME OF PERSONS AUTHORIZED TO PICK UP	HOME PHONE	CELL PHONE	WORK PHONE
1.			
2.			
3.			
4.			

First Lutheran Children's Programs Admission Information Sheet
Child Information: Please complete ONE form for EACH child in our program.
(Please Print Clearly)

ABOUT YOUR CHILD:

Date Form Completed: _____

Child's Name: _____

FLCP Program: _____

1. For SAC children, please list grade & teacher.

Teacher _____ Grade _____

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: _____

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

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

First Lutheran Children's Programs Admission Information Sheet
Child Information: Please complete ONE form for EACH child in our program.
(Please Print Clearly)

ABOUT YOUR CHILD (continued):

Date Form Completed: _____

Child's Name: _____

FLCP Program: _____

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

due to religious customs: _____

due to allergies: _____

9. Does your child have any other allergies? Please give detailed information on the allergy log. _____

10. 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. _____
