

Child Biography

2021-2022

Please print. Complete the following information to help us meet your child's individual needs. This form is confidential and will be kept on file.

Personal Information (as you want your child to print and practice)				
First Name	Middle	Last Name	Nickname	
Home Address	City	State	Zip	Birthday
Home Phone				Gender

Parent/Guardian Information	Parent/Guardian Information
First/Last Name	First/Last Name
Home Address/City/State/Zip	Home Address/City/State/Zip
Personal Email	Personal Email
Home/Cell Phone Numbers (H) (C)	Home/Cell Phone Numbers (H) (C)
Employer	Employer
Work Address	Work Address
Work Email	Work Email
Work Phone Number	Work Phone Number

Which phone number provided (home, work or cell) is best for reaching you during your child's school hours?

Parent Guardian 1 _____ Parent/Guardian 2 _____

Which email address provided would you like for direct contact from the Director/Teacher and Bloomz updates?

Parent Guardian 1 _____ Parent/Guardian 2 _____

The child lives with: (please circle all that apply)

Both Parents Father Mother Stepfather Stepmother

Other: _____

Is your child frightened of anything? If so, please explain. _____

Does your child have any health problems we should know about? If so, please explain.

Does your child take any medications that would need to be administered during school hours? If so, please list and explain dosage.

Does your child have any allergies? If so, please explain.

**PLEASE NOTE: Your child will not be permitted to attend TLP until you have submitted a copy of his/her immunizations or a religious/medical consent form signed by a physician, stating your child has not received his/her immunizations.*

Will your child be using East Dakota Transit Bus service? (please circle all that apply)

No Arriving to school Departing from school Both ways

**PLEASE NOTE: If your child regularly rides the bus, but transportation plans change, the parent/guardian needs to notify the Director/Teach in writing OR with a phone call. It is also the parent/guardian's responsibility to notify East Dakota Transit of any changes. Trinity Lutheran Preschool does not make transportation arrangements for students.*

If not East Dakota Transit, who will usually bring your child to school? _____

If not East Dakota Transit, who will usually pick your child up at school? _____

Emergency Contact (if parent/guardian cannot be reached)		
First/Last Name	Relationship	Home Number Work Number Cell Number
First/Last Name	Relationship	Home Number Work Number Cell Number

Primary Physician		
Name	Phone Number	Clinic/Office Address

All Persons Authorized to Remove Child from School (other than Parent/Guardian)		
Name	Phone number	Relationship

**PLEASE NOTE: For the safety of your child, TLP will NOT allow anyone besides the parent/guardian, emergency contact or person(s) listed above to remove your child from school. If anything changes or names need to be added or removed, let the Director/Teacher know ASAP.*

Daycare Provider (leave blank if not applicable)

Name	Address	Phone Number

Other Children in the Family

Name	Birthdate	Relationship	School (if applicable)

Parent/Guardian Name: _____ Date: _____

Parent/Guardian Name: _____ Date: _____

Please send completed form to Trinity Lutheran Preschool at the mailing address provided or via email to preschool@tlcmadison.com.