Trinity Lutheran Preschool
203 N Harth Avenue
Madison, SD 57042

Child Biography

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**

Other Children in the Family			
Name	**Birthdate**	**Relationship**	**School (if applicable)**

Daycare Provider (leave blank if not applicable)		
Name	**Address**	**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 Class Dojo updates?

Parent/Guardian 1 _____ Parent/Guardian 2 _____

The child lives with: (please check <u>all</u> 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 check <u>all</u> 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**

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.*

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**.*