



Trinity Lutheran Child Development Center Child Registration Form

Date Child Entered Care _____

Child's Last Name	First Name	MI	Male/Female	Birthdate
Street Address		City		Zip
Parent/Guardian Name	Cell ph#	Work ph#		Email
Street Address		City		Zip
Parent/Guardian Name	Cell ph#	Work ph#		Email
Street Address		City		Zip

Other people to notify in case of emergency

Name	Address	Phone Numbers
Relationship:		Work Home Cell
Relationship:		Work Home Cell
Relationship:		Work Home Cell

Other than the parent, who has permission to pick up child?

Name	Phone Numbers

Child's Health Information

Date of Child's last physical exam	Name of Health Care Provider Phone #	Name of Dentist Phone #
Special Health Problems	Allergies, including drug reactions	
Regular medications	Other pertinent data	

Consent to medical care and treatment of minor child

<p>I hereby give permission that my child, _____, may be given treatment by a qualified child care provider at Trinity Lutheran Child Development Center. When I cannot be contacted, I authorize and consent to medical, surgical and hospital care, treatment and procedures to be performed for my child by a licensed physician, health care provider, hospital or emergency medical technician (EMT) when deemed necessary or advised by the physician or EMT to safeguard my child's health. I waive my right of informed consent to such treatment.</p> <p>I also give permission for my child to be transported by ambulance or aid car to an emergency center for treatment.</p>			
Parent/Guardian Signature	Date	Parent/Guardian Signature	Date