

**EMMANUEL LUTHERAN SCHOOL
ANNUAL CONTACT INFORMATION UPDATE FORM**

Child's Name: _____

Update for school year: _____

FATHER	MOTHER
First & Last Name	First & Last Name
Address	Address
City/State/Zip	City/State/Zip
Home Phone	Home Phone
Work Phone	Work Phone
Cell/Pager #	Cell/Pager #
Email	Email
Employer	Employer
Occupation	Occupation
Religious Affiliation	Religious Affiliation
Church Membership	Church Membership

NOTE: Please star (*) information you DO NOT want published in the School Handbook.

We have a computerized phone alert system, wherein we can record a message and place a computerized telephone call AND/OR a telephone text message almost simultaneously to all numbers in our program. We use this program for school emergency notices to parents, such as weather delays or early dismissals.

In order to make this program as efficient and inexpensive as possible, we need to get from you the **ONE TELEPHONE NUMBER** at which you are most likely to be reached, should we need to contact you.

Primary phone number if school needs to reach parent **DURING** school hours: _____
 Phone network (IE: AT&T, Verizon): _____ Cell number to text: _____

Primary phone number if school needs to reach parent **OUTSIDE** school hours: _____
 Phone network (IE: AT&T, Verizon): _____ Cell number to text: _____

Please state your preference: Email _____ Phone _____ Text _____ All 3 methods _____

EMERGENCY / MEDICAL INFORMATION

In case of emergency (if parents/guardian cannot be reached):

Name: _____ Relationship: _____ Phone: _____
 Name: _____ Relationship: _____ Phone: _____
 Name: _____ Relationship: _____ Phone: _____

Persons authorized to pick up child (other than parents):

Name: _____ Relationship: _____ Phone: _____
 Name: _____ Relationship: _____ Phone: _____
 Name: _____ Relationship: _____ Phone: _____

Please complete and sign Page 2 on reverse.

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Child's Name: _____ Grade: _____

Name of child's physician: _____ Phone: _____

Office address: _____

Name of child's dentist: _____ Phone: _____

Office address: _____

Hospital preference: _____ Address: _____

Insurance carrier: _____ Policy #: _____

I agree that the school may authorize the physician of its choice to provide emergency care or take my child to the hospital in the event that neither I nor my family physician can be contacted immediately.

Signature of Parent _____ Date _____

Emmanuel Lutheran School hereby agrees to provide transportation to an appropriate medical resource in the event of emergency. In an emergency situation, other children in the facility will be supervised by a responsible adult. We will not administer any drug or any medication without specific instructions from the physician or the child's parent, guardian, or full-time custodian. Provisions will be made for adequate and appropriate rest and outdoor play.

Signature of operator/administrator _____ Date: _____

ADDITIONAL PERSONAL / MEDICAL INFORMATION FOR PRESCHOOLERS:

Previous preschool experience of child: _____

Is the child fully toilet trained? _____

Exceptionally shy, timid, or has special fears? _____

Prone to temper tantrums, nervous habits or disturbed sleep patterns? _____

What helps him/her when upset? _____

Favorite pastimes and interests? _____

Does your child have any known allergies? Yes: ___ No: ___ Explain: _____

Does your child have any chronic illness/conditions? Yes: ___ No: ___ Explain: _____

I give permission for my child to participate in supervised activities outside of the fenced playground area. (Example: nature walk, breezeway, etc.) Yes: _____ No: _____

Signature of Parent _____ Date _____