



## Desert Foothills Lutheran Church Children's Ministry Form

Effective Dates: August 1, 2021 – August 31, 2022

### CHILD INFORMATION

Name \_\_\_\_\_ DOB \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Baptized:  Yes Date: \_\_\_\_\_  No School: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

GRADE: \_\_\_\_\_ MEMBER VISITOR PRESCHOOL FAMILY

### PARENT/ GUARDIAN INFORMATION

Name(s) \_\_\_\_\_

Email(s) \_\_\_\_\_

List all phone numbers where the parent/guardian can be reached (type: i.e. home, cell)

Name \_\_\_\_\_ # \_\_\_\_\_ Type? \_\_\_\_\_

Name \_\_\_\_\_ # \_\_\_\_\_ Type? \_\_\_\_\_

### EMERGENCY CONTACT

Name \_\_\_\_\_ # \_\_\_\_\_ Relation? \_\_\_\_\_

Name \_\_\_\_\_ # \_\_\_\_\_ Relation? \_\_\_\_\_

### MEDICAL CONDITIONS:

Please answer in detail if applicable or write N/A. Attach additional pages if necessary.

1. List any medical conditions your child has (asthma, diabetes, epilepsy, etc.):
2. List any allergies (drug/medicine, food, and/or environmental) and the severity and type of reaction:
3. Please explain any other pertinent information about your child (i.e. physical, behavioral, or emotional) that would be important for the adult leaders to know.

