



SOUTH MIAMI LUTHERAN CHURCH
PRE-SCHOOL

Accredited by
the NAEYC Academy
for Early Childhood
Program Accreditation



PLEASE CIRCLE ONE:

HL RM

Half Day: 7:00am – 1:00pm	Full Day: 7:00am – 6:00pm
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CHILD'S NAME: _____ DOB: _____ SOCIAL SECURITY #: _____ SEX: _____

ETHNIC ORIGIN: _____ RACE: _____ PREFERRED LANGUAGE OF COMMUNICATION: _____

FIRST PARENT NAME: _____ SOCIAL SECURITY #: _____

SECOND PARENT NAME: _____ SOCIAL SECURITY #: _____

FIRST PARENT	
HOME ADDRESS & ZIPCODE:	
TELEPHONE #:	
EMPLOYER:	
WORK #:	PAGER/ CELLULAR#:
E-MAIL ADDRESS:	
SECOND PARENT	
HOME ADDRESS & ZIPCODE:	
TELEPHONE #:	
EMPLOYER:	
WORK #:	PAGER/ CELLULAR#:
E-MAIL ADDRESS:	

CHILD'S PHYSICIAN: _____ PHONE #: _____

PERSON'S PERMITTED TO REMOVE CHILD FROM SCHOOL:	LEGAL CUSTODY:
FIRST PARENTS: YES _____ NO _____	YES _____ NO _____
SECOND PARENTS: YES _____ NO _____	YES _____ NO _____
LEGAL GUARDIAN: YES _____ NO _____	YES _____ NO _____

PERSONS TO BE CONTACTED IN CASE OF ILLNESS, ACCIDENT, OR EMERGENCY IF FOR SOME REASON THE PARENTS OR GUARDIANS CANNOT BE REACHED, AND ARE ALSO AUTHORIZED TO PICK UP THE CHILD FROM SCHOOL.

NAME:	RELATIONSHIP:	HOME PHONE #:	WORK PHONE #:

PLEASE NOTE ANY SPECIAL INFORMATION, INSTRUCTIONS, AREAS OF CONCERN, OR ALLERGIES: _____

RELIGIOUS AFFILIATION:

CHILD'S RELIGION: _____ ATTENDS CHURCH? _____ SUNDAY SCHOOL? _____
 WOULD YOU LIKE TO KNOW MORE ABOUT OUR CHURCH? YES _____ NO _____
 WOULD YOU LIKE FOR SOMEONE TO CONTACT YOU? YES _____ NO _____

DATE _____

SIGNATURE OF PARENT OR GUARDIAN _____

