

St. Luke's Little School CHILD INFORMATION FORM



Child Information

Child's Last Name	Child's First Name	Name to be used at school
DOB	Gender	Who does child live with?
Allergies or Medications	Special Concerns	

Family Information

Parent/Guardian 1	Relationship to Child	Email Address	
Home Address	City	State	Zip Code
Home Phone	Cell Phone	Work Phone	
Occupation	Employer		
Employer Address	City	State	Zip Code

Parent/Guardian 2	Relationship to Child	Email Address	
Home Address	City	State	Zip Code
Home Phone	Cell Phone	Work Phone	
Occupation	Employer		
Employer Address	City	State	Zip Code

The best way to reach me while my child is at school _____

Marital Status: Married _____ Divorced _____ Single Parent _____ Other _____

Who has legal custody? _____

May the non-custodial parent/guardian pick up the child? _____

Do you regularly attend St. Luke's UMC? _____ If not, home church? _____