

# 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

<b>Parent/Guardian 1</b>	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

<b>Parent/Guardian 2</b>	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? \_\_\_\_\_