



A ministry of Bethlehem Lutheran Church
Student Information Form

Student Information:

Child's Name

Date of Birth

Home Address

City

State

Zip

Allergies or Other Concerns

1. _____
Parent/Legal Guardian's Full Name/Relationship

2. _____
Parent/Legal Guardian's Full Name/Relationship

Home Phone _____ Cell _____

Home Phone _____ Cell _____

Address (if different from student)

Address (if different from student)

City _____ State _____ Zip _____

City _____ State _____ Zip _____

Parents' Employer _____ Work Phone _____

Parents' Employer _____ Work Phone _____

E-mail _____

E-mail _____

Persons authorized to pick up your child:

Name _____

Relationship _____

Name _____

Relationship _____

Name _____

Relationship _____

Name _____

Relationship _____

*Custody papers will need to be on file in cases where required. Photo ID is required for anyone who is unknown to our staff.

Additional Emergency Contacts (other than parents):

Name _____

Relationship _____ Phone _____

Name _____

Relationship _____ Phone _____

Any allergies, health or behavioral concerns:

Treatments: _____

Note: MAT Form must be on file for any student needing medication to be administered during the school day.

Pediatrician: _____ Phone: _____

Agreements: Each item needs to be initialed by BOTH parents and then sign on the signature line.

- ___ ___ We understand that Little Stars of Bethlehem is mandated by law to report any suspected child abuse or neglect.
- ___ ___ If your child becomes sick while at school, the preschool teacher/director will contact the parent and/or an emergency contact to arrange for the child to be picked up as soon as possible.
- ___ ___ Parent or guardian will sign and submit the Parental Consent for Emergency Medical Treatment form.
- ___ ___ The parent or guardian agrees to inform the center within 24 hours or the next business day after his child or any member of the immediate household has developed a reportable communicable disease, as defined by the State Board of Health, except for life threatening diseases, which must be reported immediately.
- ___ ___ The parent or guardian will report changes to the information included on this form as soon as the new information becomes available.
- ___ ___ The parent or guardian will give the school a minimum of 30 days' notice for any changes in enrollment.
- ___ ___ We understand that tuition payments are due on the 1st of each month, September through May, and are subject to a late fee on the 6th of each month.
- ___ ___ We have received and have read the parent handbook.

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date

Note: Proof of your child's identity (birth certificate, passport...) must accompany this form.

OFFICE USE ONLY - IDENTITY VERIFICATION

Proof of Identity: ___ Birth Certificate ___ Passport

Signature of Person who saw and copied proof of identity _____

*copy should be attached to this information form