Gethsemane Evangelical Lutheran School

"Bring the little children to me and do not forbid them for of such is the kingdom of God"

INFORMATIONAL SHEET

LAST NAME _____ First Names of children and grade _____ _____

_____

FATHER'S NAME _____ WORK PHONE

MOTHER'S NAME _____ WORK PHONE

ADDRESS _____ CITY _____ STATE _____ ZIP

HOME PHONE _____ CELL PHONE (FATHER) _____ CELL PHONE (MOTHER)

NAME OF DAY CARE PROVIDER _____ DAY CARE NUMBER

FAMILY DOCTOR _____ OFFICE PHONE

PERSON (OTHER THAN PARENT) TO CALL IN EMERGENCY _____ PHONE

Please list any medical conditions of your child(ren) allergies, diabetes, asthma, etc, that we should know about.

____A teacher may give my child Tylenol if needed _____ I do not want medication dispensed without parent authorization

_____
Signature of Parent

_____
Date