

St. John Lutheran Childcare Form

Child's Name _____

Child's Birthday _____(month-day-year)

Child Allergies? _____

Special Needs _____

Mother's Name _____

Mother's Cell # _____

Father's Name _____

Father's Cell # _____

Emergency contact (someone other than mother or father):

Name _____

Number _____

Siblings: Names and Ages

Initial if you received the child care guidelines _____