

Emmanuel Lutheran Preschool
652 East 5th Street
Rifle, CO 81650



970-625-4978
elc rifle.com
elprifle@gmail.com

Identification and Emergency

Full Name of Child _____

First Middle Last

Date of Birth _____ Primary Phone No. _____

Phone # for receiving texts (optional) _____

Home Address _____

City _____ Zip Code _____

Mother's Name _____

Employer _____

Occupation _____ Work Phone _____

Cell Phone Number _____

Father's Name _____

Employer _____

Occupation _____ Work Phone _____

Cell Phone Number _____

Legal Guardian (other than parent) _____

Employer _____

Occupation _____ Work Phone _____

Cell Phone Number _____

Are parents separated or divorced? _____ (If answer is yes, please inform staff of custody arrangements.) PEOPLE, OTHER THAN PARENTS, AUTHORIZED TO PICK UP THE CHILD (please list street address, town, and phone no. next to name):

Name _____

Name _____

Name _____

Name _____

Name _____

If someone other than the person(s) listed above is to pick up your child,

WE MUST HAVE THE AUTHORIZATION IN WRITING

Quality learning experiences in a Christian environment

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According to The Dept. of Human Services regulations, each child must have a designated physician and dentist for emergency situations. If there are ever changes in your primary physician or insurance provider, be sure to update this emergency form.

Child's Primary Physician _____

Street Address, City, and Phone #: _____

Insurance Provider _____

Child's Dentist _____

Street Address, City, and Phone #: _____

Please list any allergies or other medical conditions of which the staff should be aware:

Has your child had any negative or traumatic experiences? _____

Does your child have any speech problems that you are concerned about? _____

Emergency Contacts

If we cannot reach parents or guardians in an emergency situation, list at least two people who will usually know your whereabouts to locate you or who could come to the center in your stead. We will always attempt to contact the parents/guardians FIRST before attempting to contact these individuals.

Name _____ Phone #s _____

Str. Address, Town _____

Relationship to Child _____

Name _____ Phone #s _____

Str. Address, Town _____

Relationship to Child _____

Other Important Information: _____