

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



970-625-4978  
elc rifle.com  
school@elc rifle.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: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_