

Your child will only be released to parents unless others are indicated. _____

To whom may the child be released (other than parents)? Include car pool information if possible.

Name _____ Relationship _____

Address _____ Phone _____

City _____ State _____ Zip _____

Name _____ Relationship _____

Address _____ Phone _____

City _____ State _____ Zip _____

Family Information

Names

Ages

Alumni of Noah's Ark

Name called by child

Does anyone else live with you who your child might talk about? _____

Does your family have any pets? If so, what kinds and what are their names? _____

What languages are spoken in your home? _____

What is your church/religious affiliation (if any)? _____

Are you a member of St. John's Lutheran Church (ELCA)? _____

Does the child have any allergies or have any medical problems? If so, please describe: _____

Is this child toilet trained? _____

Does the child have any special conditions or handicaps? If so, please describe: _____

Name of any other school this child has attended (Sunday school, Nursery school, day care, etc...) and dates attended: _____

Is there anyone who would be at Noah's Ark or at a Noah's Ark function on behalf of your child that has to register with the police station? Please circle YES or NO