



*Messiah Lutheran Early Learning Center*  
 1335 Francis Street  
 Longmont, CO 80501  
 303-776-3466  
 www.mlcslongmont.org



**IDENTIFICATION & EMERGENCY INFORMATION 2017-2018 SCHOOL YEAR**

Name of Child \_\_\_\_\_

Address \_\_\_\_\_

Home Phone #: \_\_\_\_\_

Mother or Guardian \_\_\_\_\_ Place of Employment \_\_\_\_\_

Work Phone # \_\_\_\_\_ Cell # \_\_\_\_\_

Mother's email address: \_\_\_\_\_

Father or Guardian \_\_\_\_\_ Place of Employment \_\_\_\_\_

Work Phone # \_\_\_\_\_ Cell # \_\_\_\_\_

Father's email address: \_\_\_\_\_

Child's Doctor \_\_\_\_\_ Address & Phone# \_\_\_\_\_

Child's Dentist \_\_\_\_\_ Address & Phone# \_\_\_\_\_

Hospital of Choice \_\_\_\_\_ Address & Phone# \_\_\_\_\_

Any Known ALLERGIES: \_\_\_\_\_

**Emergency Contacts and Persons authorized to pick up child:  
 (Please list in order you wish them to be contacted)**

Name/Relation \_\_\_\_\_ Address \_\_\_\_\_ Cell# \_\_\_\_\_

Name/Relation \_\_\_\_\_ Address \_\_\_\_\_ Cell# \_\_\_\_\_

Name/Relation \_\_\_\_\_ Address \_\_\_\_\_ Cell# \_\_\_\_\_

Name/Relation \_\_\_\_\_ Address \_\_\_\_\_ Cell# \_\_\_\_\_

Under no circumstances will the child be released to anyone not known to the school without authorization from parents or guardian.

**NOTE:** It is legal for either parent to pick up a child unless we have a copy of a court order restricting visitation.

I hereby grant permission for my child to use all of the play equipment and participate in all of the activities of the school, and to leave the school premises under the supervision of a staff member for neighborhood walks or for field trips in an authorized vehicle.

I hereby grant permission for the Preschool Director to take whatever steps may be necessary to obtain emergency medical care.

\_\_\_\_\_  
 (Parent or Guardian)

\_\_\_\_\_  
 (Parent or Guardian)

\_\_\_\_\_  
 (Date)

\_\_\_\_\_  
 (Date)