

**For PLCP Use**

Child's Last Name: \_\_\_\_\_

Classroom: \_\_\_\_\_

**Providence Lutheran Church Preschool  
TEACHER INFORMATION FORM**

Child's Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M.I.: \_\_\_\_\_

Name used at home: \_\_\_\_\_ Birth Date: \_\_\_\_\_/\_\_\_\_\_/20\_\_\_\_\_

Age as of September 1, 2023: \_\_\_\_\_

**Contact Information:**

Primary Phone Number: \_\_\_\_\_

Primary Email Address: \_\_\_\_\_

*(Please list the email address(es) we should use for school newsletters, announcements, school closings, and teacher communication.)*

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Family Information:**

Mother's Name: \_\_\_\_\_

Mother's Cell: \_\_\_\_\_ Mother's Work Phone: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Father's Cell: \_\_\_\_\_ Father's Work Phone: \_\_\_\_\_

Names and ages of children living in the same household

_____	_____
_____	_____

Family Church: \_\_\_\_\_

**Please list the name and phone numbers of people who have permission to pick-up your child.**

Name	Phone Number

**Classroom Information:**

Please list any known food or drug allergies.

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Please describe any conditions or health concerns that would limit your child in participating in classroom activities.

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Is there any additional information about your child you would like the classroom teachers to know?

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