

**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, 2022: \_\_\_\_\_

**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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**Providence Lutheran Church Preschool  
Student Information and Medical Form**

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

Name we should use at PLCP: \_\_\_\_\_ Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Contact Information:**

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

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

Primary Phone Number (s): \_\_\_\_\_

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

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

Home Phone (if different from primary phone number): \_\_\_\_\_

**Family Information:**

Mother's Name: \_\_\_\_\_ Mother's Cell or Work #: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Father's Cell or Work #: \_\_\_\_\_

Does the child live with both parents? \_\_\_\_\_ If no, please explain.

\_\_\_\_\_

Names and ages of children living in the same household:

\_\_\_\_\_

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

**Pick Up Information:**

Please list the name and phone number of people who have permission to pick-up your child from preschool.

*You do not have to include yourself on this list.*

Name	Phone Number

Do court documents prevent anyone from picking up your child? If yes, please explain. The preschool may need to have a copy of the court documents on file.

\_\_\_\_\_

**Classroom Information:**

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

\_\_\_\_\_

\_\_\_\_\_

**Emergency Contact Information:**

*In the event of an emergency and neither parent can be reached OR if neither parent is able to pick up the child in a reasonable amount of time, the following is a list of those who are authorized to pick up my child(ren) in an emergency situation.*

Name	Phone Number	Relationship

**Medical Information:**

Doctor’s Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Dentist’s Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ ID or policy #: \_\_\_\_\_

Please list any known food or drug allergies.

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

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

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

**Medical Release:**

I agree that in the event of a serious accident, illness, or emergency and if the staff is unable to reach a parent or one of listed emergency contacts, a staff member of PLCP has permission to contact the doctor/dentist above and act according to his or her medical advice. In the case immediate medical attention is necessary, my child will be transported to Palmetto Richland’s Children’s Hospital Medical by ambulance or in a staff member’s car and be treated as the attending physician deems necessary.

I certify that to the best of my knowledge my child is in good mental and physical health and is able to participate in the Providence Lutheran Church Preschool program.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Initial here** \_\_\_\_\_ **ASSUMPTION OF RISK**

Each individual and family has the freedom to choose when to return to in-person preschool based on their risk assessment and their personal context. There is no plan or policy that is capable of making in-person preschool germ free. Please remember the COVID-19 virus can be spread through people who exhibit no symptoms of the virus. The congregation and preschool cannot guarantee or promise that proper social distancing will always occur between individuals during preschool activities.

The congregation and preschool cannot guarantee or promise that a person will not contract an illness from in-person preschool. The congregation and preschool cannot guarantee or promise that all reasonable precautions will be taken at all times. All that we can do is strive to take reasonable steps, and trust others are also taking reasonable steps, to avoid spreading illness. As always, whether it is the COVID-19 virus, the flu, a bacterial infection, or the common cold there is a heightened risk of contracting an illness by attending in-person preschool. Therefore, if a person or family decides to attend in-person preschool or other ministry opportunities at PLC, the individual or family expressly agrees to assume the risk through their attendance.