Please choose the days your child will attend from 8:00 – 10:30 by checking the appropriate blanks (minimum of 3 days):

Monday _____
Tuesday _____
Wednesday _____
Thursday _____
Friday _____

*St. John’s Lutheran Church & School*
*421 East Avenue, Red Wing, MN  55066*
*Phone Number:  651.388.2611*
<table>
<thead>
<tr>
<th>Child’s Last Name</th>
<th>First Name</th>
<th>Nickname</th>
</tr>
</thead>
</table>

Birth date: ___/___/____  Current Age: ___/____  Gender:     Male     Female

| Previous Child Care Experience: _________________________________________________ |
| Baptism Date: ___/___/____  Month       Day         Year |

| Parent/Guardian: _____________________ | Parent/Guardian 2: ______________________ |
| Employer: ________________ | Employer: __________________________ |
| Work Hours: ________________ | Work Hours: __________________________ |

| How should we reach you while your child is at preschool? ________________ | How should we reach you while your child is at preschool? ________________ |

| Home Address: ______________________ | Home Address: _________________________ |
| City: ____________ State: ___ Zip: ______ | City: ____________ State: ___ Zip: ______ |
| Home Phone: ______________________ | Home Phone: ________________________ |
| Work Phone: ______________________ | Work Phone: ________________________ |
| Cell Phone: ______________________ | Cell Phone: ________________________ |
| Email: _________________________ | Email: _________________________ |

| Responsible for Payment? Yes ___ No ___ | Responsible for Payment? Yes ___ No ___ |
| Lives with child? Yes ___ No ___ | Lives with child? Yes ___ No ___ |

| Siblings: (Names/Birthdates) __________________ | |

Dietary or Medical Needs ____________________________________________________

| How did you learn of this center? Church/School ___ Friend ___ Agency ___ |
| Phone Book ___ Employer ___ Newspaper ___ Other ____________________________ |
Little Blessings Preschool
Emergency/Medical Information Form

Child’s Full Name: ___________________________________________ Birth date: ____/____/____

Parent/Guardian: ____________________________ Home Phone: __________________
Employer: ___________________________________________________________________
Work Phone: ___________________________ Cell Phone:_________________________

Parent/Guardian: ____________________________ Home Phone: __________________
Employer: ___________________________________________________________________
Work Phone: ___________________________ Cell Phone:_________________________

Minnesota State Law requires this section to be filled out completely!
Child’s Physician ____________________________ Phone: _______________________
Full Street Address ____________________________________________________________
Allergies/Medical/Special Needs: ________________________________________________
Medications to Administer: _____________________________________________________
Medications to Avoid: __________________________________________________________

Child’s/Family Dentist ________________________ Phone: _______________________
Full Street Address ____________________________________________________________

In case of an emergency your child will be transported by ambulance to the proper destination according to the needs of the child. All incurred transportation and medical costs are the obligation of the parents and their insurance company. For detailed information on our health, safety, and medical procedures and guidelines read the written plan in our handbook.

Please list name, address, and phone number of two LOCAL people who can assume temporary responsibility for your child if you cannot be reached. (i.e. neighbor, friend, relative)

Name _____________________________________ Phone: _______________________
Full Street Address ____________________________________________________________

Name _____________________________________ Phone: _______________________
Full Street Address ____________________________________________________________

I hereby give permission to LITTLE BLESSINGS PRESCHOOL to act in an emergency if I cannot be reached or there will be a delay in my arrival.
PARENT SIGNATURE: _____________________________________________________
DATE: __________________________

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Little Blessings Preschool
Permission Form

Mandated Reporter Information

I, _____________________________ have received the Maltreatment of Minors Mandated Reporting Policy for DHS Licensed Programs.

Immunization Updates

I, _____________________________ have received the updated list of vaccines needed to enter my child into preschool in the State of Minnesota.

Photography Permission/Consent Form

I, _________________________________ give Little Blessings Preschool permission to photograph my child, __________________________________________ for educational purposes and publication purposes (ex. Brochures, flyers, Facebook and posters).

I, _________________________________ **DO NOT** give Little Blessings Preschool permission to photograph my child, __________________________________________ for publication purposes but rather for education purposes only.

Walking Field Trip Permission Form

I, ___________________________________________ give my permission for my child, ___________________________________________ to participate in field trips that are within walking distance of Little Blessings Preschool.

Use of Baby Wipes Permission Form

I, _________________________________ give my permission for my child, ___________________________________________ to use baby wipes at Little Blessings Preschool.

_________________________________________________________  __________________________
Parent/Gaurdian Signature      Date
In the event that I am unable to pick up my child(ren) from preschool, I hereby give authorization to the following people to pick ______________________ up and take him/her from the preschool:

1. ________________________________________________________ N
   Name ____________________________________________________
   Address ____________________________________________________________________
   Phone Number ____________________________________________________________________

2. ________________________________________________________ N
   Name ____________________________________________________
   Address ____________________________________________________________________
   Phone Number ____________________________________________________________________

3. ________________________________________________________ N
   Name ____________________________________________________
   Address ____________________________________________________________________
   Phone Number ____________________________________________________________________

4. ________________________________________________________ N
   Name ____________________________________________________
   Address ____________________________________________________________________
   Phone Number ____________________________________________________________________

5. ________________________________________________________ N
   Name ____________________________________________________
   Address ____________________________________________________________________
   Phone Number ____________________________________________________________________

Unauthorized people to pick up my child:
1. ________________________________________________________ N
2. ___________________________________________ Name ___________________________________________

Parent’s Signature __________________________________ Date ____________