

# Family Information Sheet (2018-2019)



**TRINITY**  
Early Learning Center

Child's Full Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Child's Full Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Child's Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Email Address \_\_\_\_\_  Lives with  Emergency Contact  Pick up

Street Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Phone Number (listed in order to call) \_\_\_\_\_  Mobile (Provider \_\_\_\_\_)  Work  Home

Phone Number \_\_\_\_\_  Mobile (Provider \_\_\_\_\_)  Work  Home

Phone Number \_\_\_\_\_  Mobile (Provider \_\_\_\_\_)  Work  Home

Employer \_\_\_\_\_ Position \_\_\_\_\_

Faith Preference (optional; does not affect enrollment)

None  I describe myself as \_\_\_\_\_ Home Church (if applies) \_\_\_\_\_

Choose a personal 6 digit pin number for check in and door entry \_ \_ \_ \_ \_ \_

Parent's Name \_\_\_\_\_ Date of Birth and Age \_\_\_\_\_

Email Address \_\_\_\_\_  Lives with  Emergency Contact  Pick up

Street Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Phone Number (listed in order to call) \_\_\_\_\_  Mobile (Provider \_\_\_\_\_)  Work  Home

Phone Number \_\_\_\_\_  Mobile (Provider \_\_\_\_\_)  Work  Home

Phone Number \_\_\_\_\_  Mobile (Provider \_\_\_\_\_)  Work  Home

Employer \_\_\_\_\_ Position \_\_\_\_\_

Faith Preference (optional; does not affect enrollment)

None  I describe myself as \_\_\_\_\_ Home Church (if applies) \_\_\_\_\_

Choose a *different personal* 6 digit pin number for check in and door entry \_ \_ \_ \_ \_ \_

Who else is living with you and your child(ren)? \_\_\_\_\_

Insurance Provider \_\_\_\_\_ Phone Number \_\_\_\_\_

Policy Number \_\_\_\_\_ Group Number \_\_\_\_\_

Family Physician's Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Street Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Family Dentist's Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Street Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Case Worker or Service Provider \_\_\_\_\_ Phone Number \_\_\_\_\_

DHS  EI  MECP  Other \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent /Guardian

\_\_\_\_\_  
Date