

Family Information Sheet



TRINITY
Early Learning Center

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 Work Home
Phone Number _____ Mobile 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

Signature of Parent /Guardian (Re-Enrollment)

Date (Re-Enrollment)

Signature of Parent /Guardian (Re-Enrollment)

Date (Re-Enrollment)