

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 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) _____

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 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) _____

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 _____

By signing this form you are stating that this information is true and current. You are also stating that you have viewed the Family Information Board by the front office with the current license, menu, closure days, etc.

Signature of Parent /Guardian

Date

Signature of Parent /Guardian (Re-Enrollment)

Date (Re-Enrollment)

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