

School Age Program

Child Care Profile

Day that service will be needed: _____

Time: _____

Child Profile

Date: _____

Child's Name: _____

Child's Grade: _____

Common Name: _____

Age: _____

Birthdate: _____

Guardian's Name: _____

(printed)

(signature)

Home Phone _____

Work Phone _____

Home Address: _____

Guardian's Name: _____

(printed)

(signature)

Home Phone _____

Work Phone _____

Home Address: _____

Allergies/illnesses: _____

Date of last physical _____

Current Medication: _____

In case of sickness or accident, I hereby consent to have Lutheran General Children's Day Care provide on-site first aid for minor, non-life threatening instances requiring medical intervention. I consent to the practice of LGCDC calling upon the ambulance service to transport the child requiring emergency medical care to the closest emergency room.

I understand that these services will be provided at my own expense.

How would you best describe your child?

Favorite Activities?

Please discuss anything else that you would like to tell us about your child that would make his/her time more enjoyable.