

FAMILY INFORMATION FORM

LORD OF LIFE EARLY EDUCATION CENTER
3105 W 135TH STREET • LEAWOOD KS 66224

CHILD'S NAME _____ BIRTH DATE _____

HOME ADDRESS _____ CITY/ZIP _____

HOME PHONE _____

FATHER'S NAME _____ OCCUPATION _____

WORK PHONE _____ CELL PHONE _____

MOTHERS NAME _____ OCCUPATION _____

WORK PHONE _____ CELL PHONE _____

EMAIL FOR CORRESPONDENCE: _____

EMERGENCY CONTACT (NAME, ADDRESS, PHONE)

RELATION TO CHILD _____

PHYSICIAN CONTACT (NAME, ADDRESS, PHONE)

THOSE AUTHORIZED TO PICK UP CHILD

_____ RELATIONSHIP _____ PHONE _____

_____ RELATIONSHIP _____ PHONE _____

SIGNATURE OF PARENT OR GUARDIAN

_____ DATE _____

SIBLINGS

NAME	AGE	GRADE
_____	_____	_____
_____	_____	_____
_____	_____	_____

MARITAL STATUS OF CHILD'S PARENTS

- MARRIED, LIVING TOGETHER
 SEPARATED (DATE) _____
 DIVORCED (DATE) _____
 OTHER _____

ARE EXTENDED FAMILY MEMBERS IN THE HOME? YES NO

IF YES, WHO _____

ARE THERE PETS? YES NO

PET NAMES _____

HAS CHILD RECEIVED CARE BY OTHER THAN PARENTS?

YES

NO

IN HOME

OUT OF HOME

LIST ANY GROUP PLAY OR PRESCHOOL EXPERIENCES _____

DO YOU HAVE A CHURCH HOME? _____

IF YES, WHERE? _____

WOULD YOU LIKE INFORMATION ABOUT MEMBERSHIP AT LORD OF LIFE? _____

DOES CHILD NEED HELP WITH: DRESSING WASHING HANDS TOILET EATING

DOES CHILD HAVE ANY SPECIAL PROBLEMS OR FEARS? _____

PLEASE PROVIDE ANY INFORMATION YOU THINK WOULD BE HELPFUL TO US _____

FORM COMPLETED BY: _____ DATE _____