

# David's Christian Learning Center Family Profile

Child's Name: \_\_\_\_\_ Nickname: \_\_\_\_\_

Child's birth date: \_\_\_\_\_ Start Date: \_\_\_\_\_

Full Time \_\_\_\_ Part Time \_\_\_\_ Days attending: Mon Tues Wed Thurs Fri

Daily drop-off time: \_\_\_\_\_ AM Daily pick-up time: \_\_\_\_\_ PM

## Contact Information

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

e-mail address: \_\_\_\_\_

Parent/Guardian primary phone number: \_\_\_\_\_

Mom's Work: \_\_\_\_\_ Mom's Cell: \_\_\_\_\_

Dad's Work: \_\_\_\_\_ Dad's Cell: \_\_\_\_\_

## Family Information

Parent/Guardian: \_\_\_\_\_

Is your child adopted? Yes \_\_\_\_ No \_\_\_\_

If so, at what age? \_\_\_\_\_ Does the child know? \_\_\_\_\_

Parents are currently: Married Divorced Separated

Single/Living Together Single

If both parents are not in the home, does the child know the situation? Yes \_\_\_\_ No \_\_\_\_

If yes, how does the child feel about it? \_\_\_\_\_

Other children who live in the home and their ages: \_\_\_\_\_

Other adults who live in the home and the relationship to the child: \_\_\_\_\_

Is there any other family information you would like to share that will help us care for your child?

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## Emergency Information

If a parent cannot be reached, the following persons have permission to pick up our child from David's.

Primary Emergency Contact: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Primary Phone #: \_\_\_\_\_ Secondary Phone #: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street) (City) (Zip)

Secondary Emergency Contact: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Primary Phone #: \_\_\_\_\_ Secondary Phone #: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street) (City) (Zip)

## Medical Information

Physician: \_\_\_\_\_

Clinic: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street) (City) (Zip)

Dentist: \_\_\_\_\_

Clinic: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street) (City) (Zip)

## Religious Affiliation (optional)

Home Church: \_\_\_\_\_

Denomination: \_\_\_\_\_

Does your child currently attend Sunday School or church services? Yes \_\_\_\_\_ No \_\_\_\_\_

Check here if you are interested in learning more about St. Matthew's Lutheran Church \_\_\_\_\_

## Professions & Talents (optional)

Personal/Professional Services (i.e., mechanic, Avon sales): \_\_\_\_\_

Other Gifts & Talents (i.e., Sewing, singing) : \_\_\_\_\_

Hobbies or Clubs (i.e., Scrapbooking, hunting): \_\_\_\_\_