

**Lamb of God Early Childhood Ministry
New Student Enrollment & Emergency Information**

972-539-0055 Fax: 972-539-8194

lbraun@log.org

Child's Name: _____ Child's birth date: _____
Last First Middle

Child is commonly called: _____ Sex: _____ Female _____ Male

Home Address: _____
Street City Zip

Home Phone: _____ Father's Cell: _____ Mother's Cell: _____
Area code + Number

Father: _____ D.L.#: _____
Last First

Mother: _____ D.L.#: _____
Last First

PARENT'S: **MARITAL STATUS** _____ Married _____ Separated _____ Divorced* _____ Single parent _____ Widowed
*If divorced, please give name and address of non-custodial parent:

Name _____ Phone _____

Address _____

State whether this person has permission to claim child at school _____

Father's E-Mail: _____ Employer: _____ Work Phone: _____

Mother's E-Mail: _____ Employer: _____ Work Phone: _____

Family Religious Preference: _____ Membership: _____ N/A _____

Primary Language Spoken in home: _____ Names & Ages of Siblings: _____

Emergency Contacts

I give Lamb of God Early Childhood Ministry permission to release my child to and/or permission to contact the following people in case of an emergency.

Name _____ Phone # _____

Address _____ Relationship to child _____

Name _____ Phone # _____

Address _____ Relationship to child _____

Name _____ Phone # _____

Address _____ Relationship to child _____

I agree that all information listed above is honest and accurate as of the date listed below. I understand the registration and supply fee is non-refundable. In addition, Lamb of God Early Childhood Ministry has/does not have permission to include my child's name, my name, address, email, and phone number in the School Handbook/Directory. I also grant/deny permission for LOG to post pictures of my child on school website or in local newspaper.

Parent's Signature: _____

Date: _____