

**TRINITY LUTHERAN CHURCH  
PRESCHOOL APPLICATION**

920 8th Avenue  
Lewiston, Idaho 83501  
743-4414

**GETTING ACQUAINTED WITH YOUR CHILD**

To be filled out by parent to aid the teacher in helping the child have a happy Preschool experience.  
PROOF OF IMMUNIZATION WILL BE REQUIRED ON FIRST VISIT WITH THE TEACHER.

CHILD'S NAME: \_\_\_\_\_ NICKNAME: \_\_\_\_\_

BIRTHDATE: \_\_\_\_\_ AGE: \_\_\_\_\_ SEX: MALE ☐ FEMALE ☐

FATHER'S NAME: \_\_\_\_\_ MOTHER'S NAME: \_\_\_\_\_

FATHER'S ADDRESS: \_\_\_\_\_ MOTHER'S ADDRESS: \_\_\_\_\_

FATHER'S HOME PHONE: \_\_\_\_\_ MOTHER'S HOME PHONE: \_\_\_\_\_

FATHER'S WORK PHONE: \_\_\_\_\_ MOTHER'S WORK PHONE: \_\_\_\_\_

FATHER'S CELL PHONE: \_\_\_\_\_ MOTHER'S CELL PHONE: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

CHILD LIVES WITH: \_\_\_\_\_

PERSON, *OTHER THAN PARENTS*, TO NOTIFY IN CASE OF SICKNESS OR ACCIDENT:

**PERSONS AUTHORIZED TO PICK UP MY CHILD**

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

**PERSON NOT AUTHORIZED TO PICK UP MY CHILD**

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

## **QUESTIONS:**

Has your child had previous group experience?      Yes ☐      No ☐

Where? \_\_\_\_\_

Does your child have neighborhood playmates?      Yes ☐      No ☐

How many and what ages? \_\_\_\_\_

How well does he/she get along with other children? \_\_\_\_\_

Social behavior (circle):      Shy      Friendly      Cautious      Outgoing

One-parent home ☐      Both parents home ☐

Children in your family. Include names and ages:

NAME: \_\_\_\_\_ AGE: \_\_\_\_\_      NAME: \_\_\_\_\_ AGE: \_\_\_\_\_

NAME: \_\_\_\_\_ AGE: \_\_\_\_\_      NAME: \_\_\_\_\_ AGE: \_\_\_\_\_

Which hand does your child prefer to use?      RIGHT ☐      LEFT ☐

Favorite play materials? \_\_\_\_\_

Favorite activities? \_\_\_\_\_

Special interests? (Bugs, drawing, dinosaurs, etc.) \_\_\_\_\_

Diseases child has: \_\_\_\_\_

Allergies: \_\_\_\_\_

Disabilities or activity restrictions: \_\_\_\_\_

Emotional Behavior (circle characteristic behaviors):

Calm	Excitable	Easily Angered	Whining	Crying	Happy
Cheerful	Stubborn	Quiet	Cooperative	Independent	Active
Fights Often	Gives in Easily	Wants Own Way	Temper Tantrums		

Additional Information: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

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**PARENTAL/LEGAL GUARDIAN PERMISSION:**

I understand that reasonable measures will be taken to safeguard the health and safety of my child. I will be notified as soon as possible in case of an emergency. In the event I cannot be reached, I hereby authorize the providing of any emergency, medical, or surgical treatment deemed necessary by a supervisory adult or physician.

Physician's Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Hospital: \_\_\_\_\_

Hospital Address: \_\_\_\_\_

\_\_\_\_\_

Printed Name of Parent or Legal Guardian: \_\_\_\_\_

Signature of Parent or Legal Guardian: \_\_\_\_\_

Date: \_\_\_\_\_

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**FIELD TRIP PERMISSION:**

This is a consent form for my child to go on all the field trips that are scheduled for Trinity Lutheran Church.

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Child's Name

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Parent/Guardian's Printed Name

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Parent/Guardian's Signature

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Date