

Child Information Form – Please complete and return

**Mt. Olive Lutheran Church
Child Development Center**

Child's Name: _____ Age: _____

Food allergies? _____

Doctor _____ Phone _____

Dentist _____ Phone _____

Who has permission to pick up your child? _____

If mother, father or guardian can not be contacted, please call:

Name: _____ Phone _____

Relationship _____

Name: _____ Phone _____

Relationship _____

I give Mt. Olive Child Development Center my permission for emergency treatment in the event that neither guardian nor the child's physician can be contacted immediately.

Parent's signature

Date