

# TOL Information Update

Child's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Email Address: \_\_\_\_\_

Days & Times Child Attends: \_\_\_\_\_

Siblings Names & Ages: \_\_\_\_\_

If parent/family needs to be reached, please indicate parent/person who is to be called first, and if that is not successful list in order of preference to reach.

1<sup>st</sup> Person: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone #: \_\_\_\_\_ 2<sup>nd</sup> #: \_\_\_\_\_

2<sup>nd</sup> Person: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone #: \_\_\_\_\_ 2<sup>nd</sup> #: \_\_\_\_\_

3<sup>rd</sup> Person: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone #: \_\_\_\_\_ 2<sup>nd</sup> #: \_\_\_\_\_

Mother's Employer: \_\_\_\_\_

Employer's Name: \_\_\_\_\_

Employer's Phone #: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Employer's Address: \_\_\_\_\_

Work Schedule: \_\_\_\_\_ a.m. or p.m. to \_\_\_\_\_ a.m. or p.m.

Father's Employer: \_\_\_\_\_

Employer's Name: \_\_\_\_\_

Employer's Phone #: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Employer's Address: \_\_\_\_\_

Work Schedule: \_\_\_\_\_ a.m. or p.m. to \_\_\_\_\_ a.m. or p.m.

**Authorized Pick-up list for:** \_\_\_\_\_

Please provide information for all persons that may leave Tree of Life Child Care Ministry with your child.

Name: _____	Relationship: _____
Name: _____	Relationship: _____
Name: _____	Relationship: _____
Name: _____	Relationship: _____
Name: _____	Relationship: _____
Name: _____	Relationship: _____

**Emergency Information**

Physician's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

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

Dentist's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

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

Preferred Hospital: \_\_\_\_\_ Phone #: \_\_\_\_\_

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

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

\_\_\_\_\_

Health Concerns: \_\_\_\_\_

\_\_\_\_\_