

Your child will only be released to parents unless others are indicated. _____

To whom may the child be released (other than parents)? Include car pool information if possible.

Name _____ Relationship _____

Address _____ Phone _____

City _____ State _____ Zip _____

Name _____ Relationship _____

Address _____ Phone _____

City _____ State _____ Zip _____

Family Information

Names

Ages

Alumni of Noah's Ark

Name called by child

| Names | Ages | Alumni of Noah's Ark | Name called by child |
|-------|------|----------------------|----------------------|
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Is there anyone who would be at Noah's Ark or at a Noah's Ark function on behalf of your child that has to register with the police station? Please circle YES or NO

Does anyone else live with you who your child might talk about? _____

Does your family have any pets? If so, what kinds and what are their names? _____

What is your church affiliation (if any)? _____

Are you a member of St. John's Lutheran Church (ELCA)? _____

Does the child have any allergies or have any medical problems? If so, please describe: _____

Is this child toilet trained? _____

Does the child have any special conditions or handicaps? If so, please describe: _____

Name of any other school this child has attended (Sunday school, Nursery school, day care, etc...) and dates attended: _____