

**Student Forms - Christ Church Early Childhood Ministry  
Christ Church, The Lutheran Church of Zionsville**

**Information Form**

Child's Name \_\_\_\_\_ DOB \_\_\_\_\_

Name your child goes by \_\_\_\_\_ Home Phone \_\_\_\_\_

Address \_\_\_\_\_

Email Address to use for Child/Parent Communications \_\_\_\_\_

Cell Phone to use for Child/Parent Communications \_\_\_\_\_

**Mother's Information:** Email address \_\_\_\_\_

Name \_\_\_\_\_

Address (if different than child's) \_\_\_\_\_

Phone (if different than child's) \_\_\_\_\_ Cell Phone \_\_\_\_\_

Occupation \_\_\_\_\_ Company \_\_\_\_\_ Work Phone \_\_\_\_\_

**Father's Information:** Email address \_\_\_\_\_

Name \_\_\_\_\_

Address (if different than child's) \_\_\_\_\_

Phone (if different than child's) \_\_\_\_\_ Cell Phone \_\_\_\_\_

Occupation \_\_\_\_\_ Company \_\_\_\_\_ Work Phone \_\_\_\_\_

Who is financially responsible for this child? \_\_\_\_\_

If parents are divorced or separated, who has legal custody of this child? \_\_\_\_\_

Names and Birthdates of Siblings:

\_\_\_\_\_

What is your family's religious affiliation or preference? \_\_\_\_\_

Family Church Membership? \_\_\_\_\_

Are you interested in receiving information about Christ Church? \_\_\_\_\_

Is your child potty trained? (Please see ECM Director if not) \_\_\_\_\_

Do you anticipate your child being potty trained by Sept. 1? \_\_\_\_\_

Previous school experience? \_\_\_\_\_

How does your child adjust to new experiences? \_\_\_\_\_

Does your child have any notable fears? \_\_\_\_\_

**Emergency Phone List**

In case of emergency, please contact the following individuals in the following order (these will be called **after** Home, Mother and Father cell phones and work phones):

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

**Pick Up/ Release**

I, parent or guardian of \_\_\_\_\_, give permission to the employees of Christ Church Early Childhood Ministry to release my child into the custody of the following individuals:

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

**Health Status**

Has your child been under a doctor's care during the past year? Please explain.

Is your child currently using any medication? Please list.

Does your child have any reactions to medications? Please detail.

Does your child have any allergies? Please list.

Does your child have any special health considerations? Please explain.

Has your child been seen by a specialist? When and for what?

Do you have any concerns about your child's speech, behavioral, or physical development?

**Medical Treatment Consent Form**

Before any major medical decisions are made relative to your child, every reasonable effort will be made to contact the parent or guardian. However, medical emergencies and unavailability of parents necessitate the following consent.

I, parent or guardian of \_\_\_\_\_, request that my child be allowed to participate in the Christ Church Early Childhood Ministry.

I authorize the teacher or director who is working with my child to consent to any necessary examination, anesthetic, medical diagnosis, surgery, treatment and/or hospital care to be rendered to the above named minor under the general or special supervision and on the advice of a licensed physician or surgeon.

Yes \_\_\_ No \_\_\_

**Immunizations**

For the health safety of all children participating in its Early Childhood Ministry and our registered ministry status with the State of Indiana, Christ Church requires that all enrollees be immunized according to the requirements of the Zionsville Community School Corporation. These same immunizations are required in order for your children to enter kindergarten in the public school system. Free vaccinations are available from the Boone County Board of Health.

Specifically, all children must be immunized against the diseases of hepatitis B, diphtheria, pertussis, tetanus, poliomyelitis, haemophilus influenzae B, measles, mumps, and rubella at appropriate ages. The table below shows the immunization schedule recommended by the Indiana State Dept. of Health (subject to change based on current rulings).

<u>Recommended Age</u>	<u>Immunization</u>
2 months	HepB (Hepatitis B) DTaP (diphtheria, tetanus, acellular pertussis) IPV (inactivated poliomyelitis vaccine) Hib (haemophilus influenzae B)
4 months	PCV (pneumococcal) DTaP, IPV, Hib, PCV

6-17 months	HepB, DTaP, IPV, Hib, PCV, Influenza (yearly)
18-23 months	HepB, DTaP, Hib, PCV, MMR (measles, mumps, rubella), Varicella (chicken pox)
24-59 months	DTaP, IPV

In addition, it is recommended that children receive Varivax (chicken pox) and PCV (pneumococcal conjugate).

I, parent or guardian of \_\_\_\_\_, attest that my child has received those vaccinations required by the Christ Church Early Childhood Ministry as detailed above.

Yes \_\_\_\_ No, with explanation \_\_\_\_\_

Name of child's physician: \_\_\_\_\_

Physician's Phone: \_\_\_\_\_

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

**NOTE: You must also have your physician fill out and sign the provided State Form (49445), "History of Immunizations."**

**Photographs**

I give permission for Christ Church Early Childhood Ministry to photograph my child while participating in class activities at Christ Church. I understand that these photographs may be included in newsletters, posters, Church web site or a video that will only be used for school or church activities. These photographs will not be published or distributed outside of the church/school domain with children's names attached. Pictures may be posted on the web site.

Yes \_\_\_\_ No \_\_\_\_

**Class List**

I give permission for Christ Church Early Childhood Ministry to include my child's name, address and phone number on a class list. I understand that this list will not be published or distributed to anyone other than families participating in my child's class.

Yes \_\_\_\_ No \_\_\_\_

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**I have read and understand the above information**

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

Signature: \_\_\_\_\_