Crusader Care Enrollment Form
Immanuel Lutheran School – Silo
22591 County Road 25
Lewiston, MN 55952

FAMILY INFORMATION

Mother: ________________________________ Email: __________________________________

Address: ____

Home # ______________________ Work # ______________________ Cell # ________________________

Father: _________________________________ Email: __________________________________

Address (if different from above): ____

Home # ______________________ Work # ______________________ Cell # ________________________

STUDENT INFORMATION

Name ____________________________ Gender ______ D.O.B. ___________ Grade ______

Medical Notes, Alerts, Allergies: ____

Child resides with: ____ Both parents ____ Father _____ Mother ____ Other: _______________

Name ____________________________ Gender ______ D.O.B. ___________ Grade ______

Medical Notes, Alerts, Allergies: ____

Child resides with: ____ Both parents ____ Father _____ Mother ____ Other: _______________

Name ____________________________ Gender ______ D.O.B. ___________ Grade ______

Medical Notes, Alerts, Allergies: ____

Child resides with: ____ Both parents ____ Father _____ Mother ____ Other: _______________

Name ____________________________ Gender ______ D.O.B. ___________ Grade ______

Medical Notes, Alerts, Allergies: ____

Child resides with: ____ Both parents ____ Father _____ Mother ____ Other: _______________

EMERGENCY CONTACT (Please include one contact other than parents/guardians.)

Name: _____ Relationship: _____

Home # _____ Work # _____ Cell # _____

- ❑ This emergency contact is authorized to pick my child up from care if parent/guardian cannot be reached.

AUTHORIZED PERSON(S) Please list any individual(s) other than parents who have permission to pick your child up from Crusader Care.

Name: _____ Relationship: _____ Primary Phone #: _____

Name: _____ Relationship: _____ Primary Phone #: _____

Name: _____ Relationship: _____ Primary Phone #: _____

Name: _____ Relationship: _____ Primary Phone #: _____

Is there anyone who does not legally have permission to pick up your child? *Yes No

*Legal documentation must be submitted to the program director.

*Name of individual NOT authorized: _____

MEDICAL

Preferred Medical Facility: _____ Phone: _____

Preferred Dentist Office: _____ Phone: _____

Notes / Comments: Please list any additional information that you feel is important to us in providing a positive and complete care for your child(ren).

_____

_____

_____

AUTHORIZATIONS

I give my consent for emergency medical care and treatment for my child(ren) as needed.	Yes No
I have been given the opportunity to view the Crusader Care Handbook and agree to abide by such policies and procedures.	Yes No

Parent Signature: _____ **Date**: _____