

In case of emergency, we will attempt to notify **parents FIRST**. In such cases that we are unable to reach you, please provide two additional emergency contact names (local if possible) of people whom are authorized to take your child from TNS.

	Name	Address	Phone	Relationship to child
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____

Any known allergies (medications, foods, others...):

Any food or physical restrictions:

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Our daycare provider is: _____

Address: _____ Phone _____

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Persons *AUTHORIZED* to take child from Trinity Nursery School (include carpool drivers, daycare providers, etc...).

	Name	Address	Phone	Relationship to child
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

Persons ***NOT AUTHORIZED*** to take child from Trinity Nursery School. (if a non-custodial parent is not authorized to take child from TNS, we require a copy of the court order for our file).

	Name	Address	Phone	Relationship to child
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____

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Family church (optional): _____
(Trinity Nursery School provides bulletin announcements to area churches regarding upcoming events).

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Please include our name on the carpool list: (please initial) _____ YES _____ NO
(The list is given to those parents interested in carpooling with other TNS families.)

I give TNS permission to share my name and phone number with other TNS parents for miscellaneous TNS activities: _____ YES _____ NO
(Please initial)

Parent/Guardian

Signature: _____ Date _____