

Penn Campus
PreK-3rd Grade
7540 Penn Avenue S
Richfield, MN 55423
612-866-6906

Nicollet Campus
4th – 8th Grade
6720 Nicollet Avenue S
Richfield, MN 55423
612-869-5200



PRESCHOOL INFORMATION FORM

Child's Name _____
Last First Middle

Address _____
City Zip

Date of Birth _____ Gender _____ Home Phone _____ Cell Phone _____

Names of parent or person legally responsible for child _____

Address _____ E-mail _____

Work Phones- Father _____ Mother _____

Who will bring your child to school? _____ Who will pickup? _____

Names of persons authorized to take the child from the school (include car pool persons)-Minimum of **two** persons

1. _____ 2. _____
Name Phone Name Phone

3. _____ 4. _____
Name Phone Name Phone

Names of persons **not** authorized to take the child from school: _____

In the case of an emergency, we will contact you. If the parents cannot be reached, we will contact the physician specified by you. If this physician is not available, we will have your child transported to the nearest hospital to meet your child's needs determined by the EMT's for emergency treatment and continue our efforts to reach you and the doctor. This transportation will be paid for by the parent. If a child becomes ill at school, but is not an emergency. We will isolate him/her from the other children and contact the parents. If you are not available we will contact the people you desire.

Doctor _____ Phone _____

Clinic _____ Address _____

Dentist _____ Phone _____

We are required to have **two** people in case of an emergency when parents cannot be reached:(May remove child from school if necessary)

1. _____ 2. _____
Name Phone Name Phone

**We print and distribute class lists with children's names, addresses and phone numbers. We need your permission for this. Blessed Trinity preschool has my permission to print my child's address and phone number on a class list to be given to children attending at the same time.

Parent's Signature _____ Date _____