α T	\sim	A 1	•	•	_	
(`I	(`	Λdn	110	C101	n H	orm
\mathbf{L}	v.	Aun	1112	210	11 1	OHIII

2021-2022

Class	_ Days	ExC

Name (Last)		(First)		Birth Date	Male/Fema			
Address			City		Zip			
Home #		digit code	Email		1			
Mother		Work #		Cell#				
Mother's Address (If diffe	rent)	,, oth ,,		Con II				
Father		Work #		Cell#				
Father's Address (If differ								
All Saints Lutheran Churc		FMFDCF	NCY CONTACT					
Church Affiliation?	ii iiieiiioei? Tes/No		annot be reached:					
I authorize CLC to all	ow my child to leav	ve the Center	with the following pers	sons (list name/p	shone):			
CLC may include photos (no names) of my child on the CLC website								
Parent/Guardian Sigi	ature		Date					
Emergency Medical	Authorization : P	LEASE <u>circle</u>	your choice of emerge	ency medical fac	cility below:			
Arlington Memorial	Medical Center o	f Arlington	Cook Children's FW	Methodist M	Iansfield Medical Cente			
PhysicianAddress				Phone #				
child, including transpo \mathbf{X}	rtation to the above c			cessary emergenc	y medical treatment for n			
Parent or Guardian Si	gnature		Date					
I have received a copy of X Parent Signature	of the Parent Handboo	ok; I have read	and understand the police Date	ies therein and ag	ree to abide by them.			