ST. MATTHEW LUTHERAN CHURCH & EARLY CHILDHOOD CENTER
a member of the Lutheran Church—Missouri Synod

St. Matthew Lutheran Church & Early Childhood Center
Hawthorn Woods, IL 60047
SUPPLEMENTAL INFORMATION FORM
School Year 2026-2027

Student Information

Legal Last Name:_____ Legal First Name: _____Middle Name: _____

Nickname: (optional)_____Date of Birth: _____City of Birth: _____

State of Birth: _____ Country of Birth: _____ Gender: ____Male ____Female

Baptized: _____No _____Yes, on ___/___/____ Church name and location: _____

Are both Parents living at home with child? _____ If no, who has custody? _____

Special Guidelines: _____

Ethnicity[1]: Hispanic/Latino Ethnicity? ____ Yes ____ No _

Race[1]: Select 1 or more:

_____American Indian or Alaska Native _____Asian _____Black or African American

_____Native Hawaiian or other Pacific Islander _____White

Is a language other than English spoken in your home? _____No _____Yes – Language: _____

Does your child speak a language other than English? _____No _____Yes – Language: _____

I wish to have contact information (address, phone number, email address) included in the School Directory: ____ Yes ____No

Does your child have siblings? _____ Yes _____No

Pick-Up Authorization

The following individuals are authorized to pick up my child after school, or in case of an emergency or illness.

1. Name: _____ Relationship: _____ Phone: _____
2. Name: _____ Relationship: _____ Phone: _____
3. Name: _____ Relationship: _____ Phone: _____
4. Name: _____ Relationship: _____ Phone: _____

[1] **Instructions for Identification of Ethnicity and Race** We are required by the Federal and State authorities to have each student's race and ethnicity on file for the current school year. If you do not supply this information to St Matthew Lutheran Church & Early Childhood Center, a staff member is required to use visual observation techniques to record the missing data. Please refer to the following descriptions to report the student's race and ethnicity.

Ethnicity: Hispanic or Latino (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.)
Race:

- American Indian or Alaska Native (A person having origins in any of the original peoples of North and South America, including Central American, and who maintains tribal affiliation or community attachment.)
- Asian (A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippines Islands, Thailand, and Vietnam.)
- Black or African American (A person having origins in any of the black racial groups of Africa.)
- Native Hawaiian or Other Pacific Islander (A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.)
- White (A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.)

Health Information

Confidential Health Information	Check all that apply	Please explain any yes answers.
Allergies (Specify)	No ___ Yes ___	_____
Food (Specify)	No ___ Yes ___	_____
Environmental	No ___ Yes ___	_____
Seasonal	No ___ Yes ___	_____
Other Allergies (Specify)	No ___ Yes ___	_____
Asthma	No ___ Yes ___	_____
ADHD	No ___ Yes ___	_____
Bee Sting Allergy	No ___ Yes ___	_____
Bowel/Bladder Concerns	No ___ Yes ___	_____
Diabetes	No ___ Yes ___	_____
Emotional Concerns	No ___ Yes ___	_____
Heart Condition	No ___ Yes ___	_____
Hearing Concerns	No ___ Yes ___	_____
Glasses/Contacts/Vision Concerns	No ___ Yes ___	_____
Seizures	No ___ Yes ___	_____
Skin Condition	No ___ Yes ___	_____
Other (Specify)	No ___ Yes ___	_____
TREATMENTS		
Inhaler	No ___ Yes ___	_____
Epinephrine	No ___ Yes ___	_____
Other	No ___ Yes ___	_____
MEDICATION		
Medication taken at home	No ___ Yes ___	_____
Medication needed at school*	No ___ Yes ___	_____

***School Medication Authorization form must be on file in school office for medicine to be administered.**

Medical information on this form and in your child's health record may be shared with the educational staff to maintain your child's health and safety in the school setting. St. Matthew Lutheran Church & School is not responsible for any health concerns that are not addressed on this form.

Doctor Name: _____ Phone: _____

In the event of an emergency and medical attention is necessary in the judgment of school authorities, do you authorize them to seek emergency medical services and transportation for your child? Yes _____ No _____

Reasonable effort will be made to notify you or your emergency contacts after services have been initiated.

Parent/Guardian Signature: _____ Date: _____