

Little Laker PRESCHOOL 2024 REGISTRATION

Student Information	
Child's Name:	
Child's Age:	
Date of Birth:	
Allergies of child:	
Day(s) child can attend: Wednesdays _____ Thursdays _____ Both _____	

Parent / Guardian Information:	
Parent / Guardian Name (s):	
Email:	
Phone Number:	

Emergency Contacts:			
#1: Name:		Phone #:	
#2 Name:		Phone #:	

<u>Permission/Consent:</u>	
<input type="checkbox"/> YES, my child may have his/her picture taken and it may be used to celebrate and enhance learning activities within the school or on the DL public school website.	
<input type="checkbox"/> NO, I do not give permission to have my child's picture taken to be used to celebrate and enhance learning activities within the school or on DL public school websites.	
Person's who may pick up child:	
Signature: _____ Date: _____	