

Little Laker PRESCHOOL 2025 REGISTRATION

Student Information	
Child's Name:	
Child's Age:	
Date of Birth:	
Allergies of child:	
Day(s) child can attend: Wednesdays _____ Fridays _____ 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"/> <i>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.</i>	
<input type="checkbox"/> <i>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.</i>	
Person's who may pick up child:	
Signature: _____ Date: _____	