

How did you hear about us? Friend (name) _____ Newspaper Mailing
 Website Social Media Sign Other _____

Physician _____ Physician's Phone _____

Please list any special health or physical conditions or learning needs of which we need to be aware? _____

Allergies? _____

Date last examined by a physician _____ Has your child been to the dentist? _____

Please mark all that apply: Lives with both parents Parents are divorced Mother
deceased
 Lives with father Parents are separated Lives with mother Father deceased

Names and ages of siblings:

Has your child or siblings attended Little Lions? ____ Name of teacher(s) _____

Has your child attended another early education center? ____ Where? _____

Describe any unusual home or custody situation: _____

FIELD TRIP PERMISSION

I understand that special trips are planned for the children away from the school throughout the year. I am aware that they will be carefully arranged and supervised by an adequate number of adults. I give my permission for my child to go on these scheduled field trips and be transported by school bus or parent vehicle.

Parent's Signature

PUBLICITY PERMISSION

I do give permission for my child, _____, to be photographed for purposes of display in, but not limited to, the following: school publications, newspapers, bulletin boards, yearbook, and the PHCA website, Facebook page and other social media.

I do **NOT** give permission for my child, _____, to be photographed for purposes of display in, but not limited to, the following: school publications, newspapers, bulletin boards, yearbook, and the PHCA website, Facebook page and other social media.

Parent's Signature