

How did you hear about us?  Friend (name) \_\_\_\_\_  Newspaper  Mailing  
 Website  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.

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.

\_\_\_\_\_  
Parent's Signature