



**ABOUT MY CHILD**

Has your child had previous group experiences? \_\_\_\_\_ If so, where? \_\_\_\_\_

Does your child prefer to play alone or within a group? \_\_\_\_\_

My child...

Talks distinctly: Yes \_\_\_\_\_ No \_\_\_\_\_

Talks at home: A lot \_\_\_\_\_ Some \_\_\_\_\_ A little \_\_\_\_\_

Eats with: Right Hand \_\_\_\_\_ Left Hand \_\_\_\_\_

Has a favorite toy \_\_\_\_\_

Is afraid of \_\_\_\_\_ because \_\_\_\_\_

Special needs, likes, dislikes, or concerns that you have observed in your child \_\_\_\_\_

Please list known allergies, especially food allergies and reaction \_\_\_\_\_

People your child lives with and their relationship:

Name

Relationship to your Child

Age of Siblings

Is there anything else about this child or your family you would like us to know?

Summer Birthday Note:

My child has a summer birthday (Please circle which month you would like it celebrated)

September    May    1/2 Birthday

Referred by \_\_\_\_\_

**Please Return This Registration Form  
And  
Emergency Form With Your Registration Fee (\$45.00)**

A copy of your child's **Immunization Record** MUST be on file  
BEFORE the child attends the first day of school.

**2013-2014**  
**STUDENT EMERGENCY FORM**

**THE FOLLOWING EMERGENCY INFORMATION MUST BE COMPLETE**

**Child's Physician** \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

**Child's Dentist** \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Hospital Preference \_\_\_\_\_

Allergies \_\_\_\_\_

**THE FOLLOWING ITEMS MUST BE ACKNOWLEDGED BY YOUR SIGNATURE**

*The following persons are **authorized** to pick up my child at school:*

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Signature of parent or guardian: \_\_\_\_\_

The following persons are **never authorized** to pick up my child at school: \_\_\_\_\_

\_\_\_\_\_ (If this does not apply, put N/A and your signature.)

Signature of parent or guardian: \_\_\_\_\_

**Field Trips:** *I give my permission for my child to travel with Little Light Preschool on all field trips. I understand my child will be in a car seat (that I provide) with shoulder harness, if I am not able to transport my own child. I understand that every precaution will be taken by Little Light Preschool Staff.*

Signature of parent or guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**ACKNOWLEDGE THE REMAINING ITEMS WITH YOUR SIGNATURE IF YOU AGREE**

*In case of an emergency, if I cannot be reached or I am delayed, I give the staff of Little Light Preschool the authority to take emergency action on behalf of my child.*

Signature of parent or guardian: \_\_\_\_\_ Date: \_\_\_\_\_

*I understand that my child's picture may be taken as part of the Preschool Program at Little Light Preschool. Photos taken may be used throughout our program. On occasion pictures will be used in newsletters, brochures and on our website.*

I give my permission for my child's photos to be used throughout our publications.

I DO NOT give my permission for my child's photos to be used throughout our publications.

Signature of parent or guardian: \_\_\_\_\_ Date: \_\_\_\_\_