

Little Lights Preschool

Student Registration Form

Child's Name _____ Date of Birth: _____ Age: _____
Circle One: Male/Female Left-Handed / Right-Handed Nickname: _____

Parent/Guardian Information

Father's Name: _____ Employer: _____
Address: _____ Address: _____
City/St/Zip: _____ City/St/Zip: _____
Home Phone: _____ Work Phone: _____
Cell Phone: _____
Email: _____

Mother's Name: _____ Employer: _____
Address: _____ Address: _____
City/St/Zip: _____ City/St/Zip: _____
Home Phone: _____ Work Phone: _____
Cell Phone: _____
Email: _____

Transportation

Child will generally be picked up and dropped off by:

Name: _____ Home Phone: _____
Address: _____ Cell Phone: _____
City/St/Zip: _____ Email: _____

Other people authorized to pick up your child:

Name: _____ Name: _____
Address: _____ Address: _____
City/St/Zip: _____ City/St/Zip: _____
Home Phone: _____ Home Phone: _____
Cell Phone: _____ Cell Phone: _____
Email: _____ Email: _____

Office Use Only

Reg Forms _____ Imm Copy: _____ Handbook Form: _____ DHHS Brochure: _____
Reg Fee: _____ Supply Fee: _____ T-Shirt Fee: _____

In Case of Emergency

Emergency contact(s) if parents cannot be reached:

Name: _____	Name: _____
Address: _____	Address: _____
City/St/Zip: _____	City/St/Zip: _____
Home Phone: _____	Home Phone: _____
Cell Phone: _____	Cell Phone: _____
Email: _____	Email: _____

Consent to Contact Physician in Emergency

Child's Name: _____

In the event I cannot be reached to make arrangements, I hereby give my consent to Little Lights Preschool to contact:

Doctor _____

Name of Physician

Phone

Address

City

and, if necessary, take my child(ren) to the following doctor(s), clinics, or hospital

Signed, _____

Signature of Parent/Guardian

Date

Medical Information (Required)

Child's Name _____

➤ **Please attach 1 photocopy of the Certificate of Immunizations from your child's physician.**

- The State of Nebraska requires us to report immunization records for every student. This is not optional. Records will be shared with the Nebraska Department of Health and Human Services, and a copy will be kept on file at school.
- Your child will not be permitted to start school without this form.

Allergies: _____

Other Health Concerns: _____

General Information

Child's Name _____

Is your child living with both parents? ☐ Yes ☐ Mother Only ☐ Father Only

Others living in the home with child: (Indicate relationship next to name - i.e. sister)

Please explain any other information you feel it is important for us to know about your child.

Consent to Photograph

I hereby give Little Lights Preschool permission to photograph my child, _____.

I understand that these photos will be used for special projects at school, in our classroom photo albums, or for positive promotion for the preschool in the newspaper or online.

Parent Signature

Date

Little Lights Preschool admits students of any race, color, and national or ethnic origin.

