

LEARNING LIGHTHOUSE PRESCHOOL APPLICATION

Child's Name: _____ Age: _____

Birth date: ____/____/____ Sex: M F

Family Information:

Parent's Name(s): _____

Subdivision: _____

Address: _____ City: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Mother or Father

Email address: _____

Brothers and Sisters:

Name	Sex	Age	School Sibling Attends

Important Information:

Is your child toilet trained? Yes No

Does your child have allergies? ____ please list: _____

Please tell us of any social, emotional, or physical concerns you feel we need to understand: _____

If you are carpooling or someone other than parents will pick-up your child, please provide the following information:

Name: _____ Phone: _____

Address: _____

Relationship to the child: _____

Emergency Phone Numbers:

Name: _____ Relationship: _____ Number: _____

Name: _____ Relationship: _____ Number: _____

As the parents of _____, I understand the importance of regular school attendance. I also understand that my child must be mature and cooperative enough to attend a preschool lab taught by high school students. I verify that my family lives within the school boundaries of South Elgin High School.

Please sign: _____

(Parent Signature)