



Lads and Lassies Preschool Inc.
1001 Hinsbrook Avenue
Darien, IL 60561
630-969-8310
www.ladsandlassiespreschool.com

For Office Use Only CK#: _____ Date: _____ <input type="checkbox"/> : Medical <input type="checkbox"/> : Birth Certificate

Registration Fee of \$50.00 and these forms are due on: _____
Class Days: _____ Class Times: _____

Child's Information

Child's full name: _____
Name your child likes to be called: _____
Date of Birth: _____ Gender: _____
Child's home address: _____ City: _____ Zip: _____
Child's home phone number: _____

Parent/Guardian Information

Father's Name: _____ Phone: _____ Cell: _____
Father's address: _____ City: _____ Zip: _____
Father's occupation/place of employment: _____
Address: _____
Father's Work Phone: _____ Hours: _____
Mother's Name: _____ Phone: _____ Cell: _____
Mother's address: _____ City: _____ Zip: _____
Mother's occupation/place of employment: _____
Address: _____
Mother's Work Phone: _____ Hours: _____

Child's Physician Information

Physician's Name: _____ Phone: _____
Physician's Address: _____

Family Information

Names and ages of siblings: _____

Please list any other persons living with your child and their relationship to your child: _____

Pick-Up

Persons authorized to pick up your child from **Lads and Lassies Preschool** in case of emergency
(Name/Address/Phone)

- 1.) _____
- 2.) _____
- 3.) _____

Persons who may not pick up my child from **Lads and Lassies Preschool**: _____

Child's Name: _____

**Permission and Release Form
Lads and Lassies Preschool**

Permission for Release of my Child

I give permission for my child to be released to any of the persons listed on the registration form in the circumstances designated.

Permission to be Photographed

I give my permission for my child to be photographed by Lads and Lassies Preschool or the local press for special Lads and Lassies Preschool functions and activities.

Permission to Participate in Physical Activities

I give my child permission to participate in physical activities.

Emergency Care Consent

In case of sickness or accident of my child while under the care and supervision of Lads and Lassies Preschool, I the undersigned, hereby give consent to Lads and Lassies Preschool to provide emergency care and/or treatment through a clinic, hospital or private doctor. I give my express consent for an x-ray if the doctor and/or hospital deems it necessary. I also agree to pay all of the cost and fees contingent upon any emergency medical care and/or treatment for my child as secured or authorized under this consent. This agreement shall continue as long as the above named child is enrolled in Lads and Lassies Preschool.

Permission for Field Trips

I give my child permission to participate in all Lads and Lassies Preschool field trips during the school year. I will not hold the school responsible in the case of accident or injury. Parents are always notified in advance of upcoming field trips and they can choose at that time whether they want their child to attend.

Emergency Aid

I give Lads and Lassies Preschool permission to administer aid to my child _____ when deemed necessary by the school.

Prayer

I give my child _____ permission to participate in a prayer before snack which mentions the name God.

Parent Handbook

I have read the Lads and Lassies Preschool Information Booklet which states Lads and Lassies Preschool Discipline Policy.

Please Initial Here _____

Parent's Permission

We _____, the parents of _____,
(parent's/guardian's names) (child's name)

give permission for all the above while our child is enrolled in Lads and Lassies Preschool.

Signed: _____
(parent's/guardian's signatures above)

Child's Name: _____

Personal History

Is your child left or right handed? _____

Has your child had previous group or preschool experience? _____

If yes, where and when? _____

Are there any medical issues we should be aware of? _____

Does your child have allergies? (please list) _____

Are there any special eating instructions? _____

Does your child have any fears/dislikes? _____

Why did you decide to send your child to preschool? _____

Is there any additional information about your child that you would like to share with us? Some examples are: your child's communication skills, methods of comforting, favorite at-home items, or interests?

Fees

This form and your non-refundable Registration Fee of \$50.00 are due on: _____

After this date, your child's name will be removed from our list. Please call if there is a problem. We can be reached at 630-969-8310. Please send this registration to Lads and Lassies Preschool:

Lads and Lassies Preschool Inc. is a private school located at:
The Darien Swim and Recreation Club
1001 Hinsbrook Avenue.
Darien, Illinois 60561

*Your child's birth certificate and medical form are due before the first full day of school.

Parent Signature: _____

How did you hear about Lads and Lassies Preschool? _____