Lydell Preschool Enrollment Form

Child Information: *(One form per child)*

Name: _____

Address: _____
Street City Zip

Phone: _____ Birthdate: _____ Age: _____

Parent/Guardian Information: **Email:** _____

Parent/Guardian: _____ Relationship: _____

Employer: _____ Work Phone: _____

Home Phone: _____ Cell Phone/Pager: _____

Parent/Guardian: _____ Relationship: _____

Employer: _____ Work Phone: _____

Home Phone: _____ Cell Phone/Pager: _____

Authorized Pick Up: *(Proper I.D. required at pick up)*

Name: _____ Relationship: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____

Name: _____ Relationship: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____

Special Accommodations Needed: *(In order to provide the best care and a safe environment for all children, we need to ensure that our resources match our students needs.)*

_____

_____

Additional Information About Your Child:

_____