

**2019-2020
Preschool Registration Form**

PLEASE PRINT CLEARLY

Name of Child _____
(Last Name) (First Name) (Middle Name)

Address _____

City _____ State _____ Zip _____ County _____

Age _____ Birth Date _____ Birth City/Country _____ Race _____ Gender _____

Mother's Name _____ Father's Name _____

Home Phone _____ Home Phone _____

Work Phone _____ Work Phone _____

Cell/Other Phone _____ Cell/Other Phone _____

E-Mail Address _____ E-Mail Address _____

- I would like to pay tuition online using a credit card. Please use the email address above to send me the information.
- I agree to comply with the policies and procedures of the preschool program as outlined in the Preschool Handbook.
- I affirm that I reside within the South Lyon Community School District boundary.

Signature (required) _____ Date _____

Name of person to be notified in an emergency when parent can not be reached:

Name _____ Relationship to Child _____

Phone Number _____ Alternate Number _____

Please assist us in providing the best possible care to your child by letting us know of any special needs your child may have:

Is your child enrolled in special education therapy or class? Yes No

For Preschool Staff
Date Registration Form Received _____ Registered in Class # _____