

**LINCOLN ELEMENTARY PUBLIC SCHOOL
LITTLE REBEL PRESCHOOL REGISTRATION FORM**

Students Legal Name _____
(Last, First, Middle)

Gender: Male/Female

Date of Birth _____

Parent 1 Information

Parent 2 Information

Name _____

Name _____

Address _____

Address _____

Home Phone _____

Home Phone _____

Cell Phone _____

Cell Phone _____

E-mail Address _____

E-Mail Address _____

Employer _____

Employer _____

Work Phone # _____

Work Phone # _____

Emergency Contact _____ Phone # _____

Relationship to child _____

Day Care Provider _____ Phone # _____

Snow Home Name _____ Phone # _____

Snow Home Address _____ City: Ivanhoe

Child's Physician _____ Phone # _____

Allergies or other important medical information _____

ALL OTHER CHILDREN 21 OR UNDER IN THE FAMILY

*If child is **not in school**, indicate PRESCHOOL, GRADUATED, ETC.,

<u>Name</u>	<u>Birthdate</u>	<u>Age</u>	<u>Sex</u>	<u>Grade</u>	<u>School Attending</u>

Please indicate which group your child will be attending

_____ 3 year old group – Tuesday/Thursday's

_____ 8:30 – 11:30

_____ All day

_____ 4 year old group – will meet on Monday, Wednesday, and Friday's all day

