



# Little Hands Christian Preschool

PO Box 66 / 18603 North 69 Highway  
Lawson MO 64062  
816-296-7002 www.lawsonbaptist.org



## Registration Form

### Three and Four Year Old Program

\_\_\_\_\_ Tuesday/Thursday  
9:00am-11:30am  
\$50.00 Registration Fee

### Four and Five Year Old Program

\_\_\_\_\_ Monday/Wed/Friday  
8:30am-11:30am  
\$50.00 Registration Fee

**Student's Name** \_\_\_\_\_  
Last First Middle Nickname

**Address** \_\_\_\_\_  
Street City State Zip

**Home Telephone** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_  **Male**  **Female**

### Family Information

**Father's Name** \_\_\_\_\_

**Current Address (if different)** \_\_\_\_\_  
Street City State Zip

**Home Phone (if different)** \_\_\_\_\_ **Cell Phone** \_\_\_\_\_

**Email Address** \_\_\_\_\_ **Pager** \_\_\_\_\_

**Occupation** \_\_\_\_\_ **Employer** \_\_\_\_\_

**Work Phone** \_\_\_\_\_ **Church Affiliation (if any)** \_\_\_\_\_

**Mother's Name** \_\_\_\_\_

**Current Address (if different)** \_\_\_\_\_  
Street City State Zip

**Home Phone (if different)** \_\_\_\_\_ **Cell Phone** \_\_\_\_\_

**Email Address** \_\_\_\_\_ **Pager** \_\_\_\_\_

**Occupation** \_\_\_\_\_ **Employer** \_\_\_\_\_

**Work Phone** \_\_\_\_\_ **Church Affiliation (if any)** \_\_\_\_\_

**Please list student's brothers/sisters and their ages:**

**Please describe the student's living situation (i.e., with both parents at all times, with custodial parent during the week, others living in the household, etc.):**

**Does your child have special needs?**

How did you hear about our preschool? \_\_\_\_\_

List at least one local person who will be able to assume responsibility for your child in an emergency if parents cannot be reached.

Name \_\_\_\_\_ Relationship to Student \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Work Phone \_\_\_\_\_ Pager \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Release of Student

I authorize that my child \_\_\_\_\_, be released by Little Hands Christian Preschool to the following persons, in addition to those already listed on this form.

Name \_\_\_\_\_ Relationship to Student \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship to Student \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Emergency Medical Care

In the event that I cannot be reached to make arrangements for emergency medical attention, I authorize the Little Hands Christian Preschool staff to take my child to an Emergency Room, or to the following physician or his/her associates, for medical care.

Dr. \_\_\_\_\_ Hospital \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_  
Street City State Zip

Special Instructions \_\_\_\_\_

I give consent for any and all treatment deemed necessary by the attending physician. (Attach copy of your insurance card)

Allergies: \_\_\_\_\_

\_\_\_\_\_  
(Signature of Parent/Guardian)

Office Use:

Date Received \_\_\_\_\_ Registration Fee \_\_\_\_\_ Check# \_\_\_\_\_ Acceptance Letter Sent \_\_\_\_\_