Lunch and Learn Registration Form

Please PRINT all answers legibly. This information is critical for communication.

Where does your child	currently attend presch	nool?		
Child/a Full Name		NI:-	NU al como	
Chila's Full Name		NICI	Nickname	
Male Female	Child's D	ate of Birth		
Home/Mailing Address				
		Town and State		
Primary Email Address __				
Mother's Cell Phone wi	th Area Code			
Father's Cell Phone witl	n Area Code			
Mother's Name		Place of Employment		
Occupation		Work Phone Number		
Father's Name		Place of Employme	ent	
		Work Phone Number		
Do both parents live wi	th the child?			
		son for the preschool?		
Hot, which parent is t	ne primary contact per			
Please provide 2 names	and phone numbers f	or EMERGENCIES: (other than	parents)	
Name	Phone with area code		Relation	
Name	Phone	with area code	Relation	
Please provide 2 names	and phone number fo	r Approved People to Pick U j	Your Child: (other than parents)	
Name	Phone w	ith area code	Relation	
Name	Phone w	ith area code	Relation	