



LCMF Preschool
10055 Belknap Dr.
Sugar Land, TX 77478
281-530-9294

Registration Form

Child's Name _____

Address _____
(Street) (CITY) (State) (ZIP)

Home Phone () _____ Birthday: _____ Sex: _____

Home Email Address: _____

Age by Dec 1st: _____ Date of Application _____

Desired class: 2's T/W/TH, 3's T/W/TH, 4's T/W/TH
2's T/TH, 3's T/TH 4's T/TH

Father's Name: _____
Employed by: _____ Work#/Cell # _____

Mother's Name _____
Employed by: _____ Work#/Cell# _____

Church Home _____ Religious Preference _____

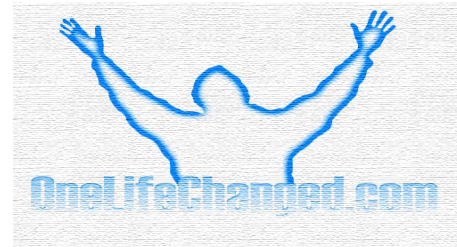
Child's doctor _____ Phone# _____

Allergies: _____ Food Restrictions: _____

Medications _____

Please attach a check for \$35.00 for registration, this fee is non refundable. Permission is granted to meet the needs of my child in case of emergency.

ALL ABOUT MY CHILD



Please complete this form to help us get to know your child

Child's Name _____ Nickname _____

Siblings and Ages: _____

Pets: _____

People that your child spends time with other than you: _____

Favorite Activities: _____

Favorite Characters: _____

Favorite Songs or Books: _____

Toilet habits and names: _____

How is your child's anger expressed: _____

Allergies _____ Birthmarks: _____

Security items: _____

Special skills: _____

Please add any information that you feel would be helpful for us to care for your child _____

Emergency Card

Child's Full Name _____ Birthday _____
Address _____ Home Phone _____

Mother's Name _____ Cell # _____
Occupation _____ Bussiness _____

Father's Name _____ Cell # _____
Occupation _____ Bussiness _____

Physicians Name _____ Physician's # _____

Emergency Names and Numbers _____

Please list names and numbers of any person authorized to pick up your child. Photo ID will be required: _____

List any Allergies: _____

Please list anyone who is not allowed to pick up your child: _____

Supply List 2011

- 1. Please bring a back pack for your child, large enough to hold a folder.*
- 2. Please provide a folder with your child's name on it. Your teacher will send home all of their days work and important papers.*
- 3. Please provide a change of clothes, including socks in a zip lock bag . (Weather appropriate)*
- 4. Please provide diapers or pull-ups if needed with their name on it everyday.*
- 5. Please bring: 1 box of freezer zip lock bags*
- 6. Large box of Kleenex*
- 7. Large bottle of hand sanitizer*

If you would like to donate snacks it is greatly appreciated. Examples: pretzels, goldfish, healthy cereal. Please no products containing peanuts, or peanut products.

*Thank You,
LCMF Preschool*