

**LITTLE LEARNERS PRESCHOOL-VERNON HILLS PARK DISTRICT**

**635 N. ASPEN DRIVE  
VERNON HILLS, ILLINOIS 60061**

PLEASE PRINT ALL INFORMATION

Preschooler's Name \_\_\_\_\_ Nickname \_\_\_\_\_

Home Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Birthdate \_\_\_\_\_

Parents Names \_\_\_\_\_

Parents are: Married Separated Divorced

If parents are separated or divorced, with whom does child reside? \_\_\_\_\_

Names and ages of siblings \_\_\_\_\_

Preschooler is: Right-handed Left-handed Unknown at this time

Does preschooler wear eyeglasses? Yes No

Any known allergies? \_\_\_\_\_

Any fears or anxieties? \_\_\_\_\_

Language spoken at home? \_\_\_\_\_

Is your child receiving any special services? (i.e. speech, social work, counseling) \_\_\_\_\_

Elementary school district in which you reside: \_\_\_\_\_

Please put information that you feel we should know about your child on the other side of this form.

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Preschooler's Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Mother's Name \_\_\_\_\_ Cell # or Pager # \_\_\_\_\_

Mother's Place of Employment \_\_\_\_\_ Work # \_\_\_\_\_

Father's Name \_\_\_\_\_ Cell# or Pager # \_\_\_\_\_

Father's Place of Employment \_\_\_\_\_ Work # \_\_\_\_\_

E-mail address (please print) \_\_\_\_\_

List names and phone numbers of adults authorized to transport your child:

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

If we are unable to contact you in case of emergency, whom should we contact? This should be a neighbor, friend or relative in the area:

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

I understand that in the event my child is involved in an accident and I cannot be reached, my child will be taken to Condell Memorial Hospital in Libertyville for emergency treatment.

\_\_\_\_\_  
Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

I give permission for my child to go on walking field trips in the neighborhood.

\_\_\_\_\_  
Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

I give permission for the Park District to share names (student and parents), address, phone number and e-mail address on my child's class list

\_\_\_\_\_  
Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_