

**LITTLE LEARNERS PRESCHOOL
VERNON HILLS PARK DISTRICT
DATA FORM**

PLEASE PRINT ALL INFORMATION

Preschooler's Name _____ Nickname _____
Address _____
Birthdate _____ Home Phone _____

Parents Names _____
Parents are: Married Separated Divorced
If parents are separated or divorced, with whom does child reside? _____
Mother's Name _____ Cell # _____
Mother's Place of Employment _____ Work # _____
Father's Name _____ Cell# _____
Father's Place of Employment _____ Work# _____
E-mail address (please print clearly) _____

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 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 name (student and parents), address, phone number, and e-mail address on my child's class list

Parent/Guardian Signature Date

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: _____
Names and ages of siblings _____

Feel free to the use the other side of this form to write down information that you feel we should know about your child.