

**Presbyterian Church of Lawrenceville
Preschool Registration
2009**

Child's Name _____

Date of Birth _____

Name of Parent/Guardian _____

Address _____

Email _____

Phone Number _____

Known Allergies _____

Special Needs _____

Information that may be helpful for childcare provider to know to make your child's preschool experience more enjoyable

Below are the authorized person/people who may pick up my child.
(Other than parents)

Name _____

Relationship _____

Name _____

Relationship _____

Name _____

Relationship _____

Note: Any unfamiliar person will be required to show identification. Under NO circumstances will the child be released to anyone other than those listed above without WRITTEN permission from the parent/guardian. A minor cannot pick up children from the preschool.

Parent/Guardian Signature _____

Parent/Guardian Signature _____

Date _____

*Please mail completed form to the church office,
2688 Main St. Lawrenceville, NJ 08648
no later than August 29th.*

