

Lord of Life Preschool Class List Form

Please print the information below:

Child's Name: _____

Parent's Names: _____

Home Address: _____

City: _____ Zip Code: _____

Phone Number: _____

E-Mail Address: _____

I give permission for the above information to be used in the Lord of Life Preschool Class List which will be distributed to the parents of children in my child's class.

Parent Signature: _____

Please provide additional information below for Lord of Life Preschool Staff use only:

Dad's Cell Phone: _____

Mother's Cell Phone: _____

Dad's Work Number: _____

Mother's Work Number: _____

Daycare Provider's Number: _____