LACC Preschool Registration Form 2023-2024

	Birthday:		
Address:	Zip Code: Address (if different from child)		
		Primary Phone:	Secondary Phone:
Parent Name:	Address (if different from child)		
Primary Phone: Secondary Phone: Please list e-mail address if you would like to receive communications electronically: Child's Known Allergies:			
		_	
		First Preschool Experience? yes no	
Emergency Information:			
	Phone:		
Child's Doctor:	Phone: Phone:		
Child's Doctor: Child's Dentist:	Phone:		
Child's Doctor: Child's Dentist: Person(s) to contact if parer	Phone:		

Additional information you would like us to know: _____

*Please return this form along with the <u>registration fee</u> to Livingston Area Career Center 1100 E. Indiana Avenue Pontiac, IL 61764 *Checks can be made payable to LACC