



**Burbank Unified School District
SEED Preschool Friends Program**

2020-2021 REGISTRATION AND EMERGENCY INFORMATION

Child's Name _____ Birth Date _____ Sex _____ Age _____

Current Pre-School _____ Number of Siblings _____

Name of Mother/Guardian _____ Cell Ph. _____

Home Address _____ Mother/Guardian Email: _____

Employer _____ Position _____

Work Address _____ Work Ph. _____

Name of Father/Guardian _____ Cell Ph. _____

Home Address _____ Father/Guardian Email: _____

Employer _____ Position _____

Work Address _____ Work Ph. _____

Doctor _____ Phone No. _____ Med Plan and # _____

Dentist Phone and Dental Plan # _____

Please return the completed form to Jeri Dyer in the Special Education Office with a \$50 deposit to reserve a spot.
Student does not need to be a Burbank Resident to apply.

You will be notified by May 15, 2020 if your child has been selected.

PLEASE NOTE: Legal documents regarding custody, court orders, or visitation rights MUST be on file with the SEED Office or we cannot enforce them.

******* EMERGENCY CONTACTS *******

LIST THE PERSON(S) AUTHORIZED TO TAKE CHILD FROM FACILITY

(Children will not be permitted to leave without written permission from Parent/Guardian)

Name	Address	Phone	Relationship
Signature of Parent/Guardian			Date

TO BE COMPLETED BY COORDINATOR OF SPECIAL EDUCATION:

DATE OF ADMISSION:

DATE LEFT: