



St. Luke Preschool  
Carpool Registration Form  
2017 - 2018

Date you want your child to begin Carpool: \_\_\_\_\_

Please check all that apply:

I will be using the carpool service in the morning. \_\_\_\_\_

I will be using the carpool service in the afternoon. \_\_\_\_\_

Child's Name: \_\_\_\_\_ Class: (Circle one) Jr.K    3A(5 days)    3B(3 days)

Parents' Names: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

**Name of ALL individuals allowed to pick up your child.**

(All individuals listed need a copy of your child's St. Luke Preschool Dash Sign. We will not release your child to anyone NOT on this list. SLP reserves the right to ask any individual to show proof of identification before releasing children.)

Name	Relationship	Type/Color of Vehicle
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

**Parents or legal guardians please read and sign.**

I understand and agree to follow all St. Luke Preschool Carpool Guidelines. I will do all that I can to make this a safe and efficient service for children, parents, and staff.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

