

LAKE SIDE PRESBYTERIAN PRESCHOOL

Date of Application _____

2024-2025 Two Year Preschool Application

Child must be two years of age on or before September 1, 2024. Choose between T/W/Th or Monday – Friday. Please circle one option.

- ❖ Registration fee of \$200 and supply fee of \$150 must be submitted with this application.
- ❖ Current MS Form 121/Proof of Immunization required before first day of school.
- ❖ Annual tuition is \$2300 (3 day), \$3000 (5 day).
- ❖ You will receive an invitation to download the Brightwheel app. This is required for teacher communication and billing.

Child's Information

Full Name: _____ Name Called: _____
 Address: _____ Child's Date of Birth: _____
 _____ Gender: _____
 Previous School Attended: _____

Parental Information

Mother

Name: _____
 Address: _____
 Best Phone: _____
 Email Address: _____

Father

Names: _____
 Address: _____
 Best Phone: _____
 Email Address: _____

Mother Work Info

Occupation: _____
 Company Name: _____
 Address: _____
 Telephone: _____

Father Work Info

Occupation: _____
 Company Name: _____
 Address: _____
 Telephone: _____

With whom does child live? _____ Names/ages of siblings: _____
 To which church are you a member, if any? _____
 Would you like more information about the other ministries of Lakeside Presbyterian Church? _____

Emergency Contacts

Name, address, phone number, and relationship to child of at least TWO responsible persons to contact in an emergency if the parent/guardian cannot be located promptly.

1. _____ Relationship _____
 _____ Phone # _____
2. _____ Relationship _____
 _____ Phone # _____

In a medical emergency, while someone is contacting one of the above, contact:

Dr. _____ Phone # _____
 Address _____

Agreement: In case of an emergency or illness involving my child, Lakeside Presbyterian Preschool is authorized to contact the above named physician or another competent physician to care for my child until I can be present.

SIGNED: _____

Please list any pertinent medical history, special needs or allergies:

***Please request a Medical Form if your child will have an Epi-Pen at the school or has any life threatening medical condition.**

List special information concerning child's growth and development or behaviors:

Lakeside Preschool requires that children entering three year old preschool be toilet trained. Is child trained? _____

What type of discipline do you use with your child?

The persons listed below are authorized by the parents or guardians to pick up and drop off the child named in this application. The child may only be released to individuals on this list.

Name: _____	Phone: _____
Name: _____	Phone: _____
Name: _____	Phone: _____
Name: _____	Phone: _____

Note: Should anyone other than those listed need to pick up your child, please send a note stating who will pick them up and a description of the car. Tell them that if we do not recognize them they will be asked to show their driver's license.

Required Parental Authorizations

I give my permission for the child listed on this application to be photographed or videotaped while at Lakeside Preschool.

Initial: _____

Yes No _____

I give my permission for the child listed on this application to participate in field trips sponsored by Lakeside Preschool. I understand that I will need to sign a permission slip for each field trip.

Yes No _____

I authorize Lakeside Preschool to obtain emergency medical treatment for my child.

Yes No _____

I have read and understand this form and have answered the questions to the best of my knowledge. I understand that I will receive a Parent Handbook containing all the facility's policies and procedures in August of the upcoming school year.

Signed: _____ Date: _____