

Reg. Paid _____

Supply Paid _____

LAKESIDE PRESBYTERIAN PRESCHOOL
2012-2013 STUDENT APPLICATION

DATE _____

ENTERED _____

SCHOOL TERM _____

WITHDRAWN _____

Please check age level for which your child is being registered. **Be sure to circle the days you prefer.** Child must be of age for each level prior to September 1.

_____ MOTHER'S DAY OUT – TODDLERS (one year old) Mon/Wed or Tues/Th

_____ FUN DAY - Monday (2 yr old) or Thursday (3 yr old)

_____ BEGINNERS (2 years old) Tues/Th or Mon/Wed

_____ MIDDLELERS (3 years old) Mon/Wed/Fri or Tues/Th

_____ SENIORS- THREE DAY (four years old) Tuesday/Wednesday/Friday

_____ SENIORS – FIVE DAY (four years old) Monday – Friday

Student's full name _____

Name called _____ Home Phone _____

Address _____ Email _____

Birth date _____ Sex _____ Previous School Attended _____

Father's name _____ Cell Number _____ Work Ph _____

Place of Business _____ Business Address _____

Mother's name _____ Cell Number _____ Work Ph _____

Place of Business _____ Business Address _____

Siblings names and ages _____

To which church are you a member, if any? _____

Would you like more information about the other ministries of Lakeside Presbyterian Church? _____

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:

List special information concerning child's growth and development:

Is child toilet trained? _____

Tell us about your child's likes and dislikes:

Eating habits: _____
Behavior issues: _____
Toilet habits: _____
Sleep/nap habits: _____
Favorite toy/activity: _____
Playmates & their ages: _____
Pets: _____
Fears: _____
What type of discipline do you use with your child? _____

Other than yourself, who will be picking up your child from school on a routine basis? If you are carpooling, please list the drivers.

Note: Should anyone other than those listed 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.

A copy of your child's Immunization Compliance Form 121 is required to be on file at the Preschool. A child is considered registered only when the completed registration form and the Family Contract are returned along with the registration and supply fee. Registration fees are not refundable.

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: _____

REQUIRED PARENTAL AUTHORIZATIONS

Please complete, sign and date each of the permission sections below:

Pick -Up and Receive

Child's name: _____

The following people may pick up and receive my child:

Signature: _____ Date: _____

Photography Permission

I do _____, do not _____ give permission for my child, _____ to be photographed or videotaped at Lakeside Presbyterian Preschool.

Signature: _____ Date: _____

Field Trip Permission (_____ not applicable)

My child, _____, does _____ does not _____ have permission to participate in field trips. I understand that I will be required to sign a permission form for each trip.

Signature: _____ Date: _____

Emergency Medical Treatment

Lakeside Presbyterian Preschool has permission to obtain emergency medical treatment for my child, _____.

Signature: _____ Date: _____