

# LAKE SIDE PRESBYTERIAN PRESCHOOL

2024-2025 Four Year Old Student Application

Date of Application \_\_\_\_\_

- ❖ Child must be four years of age on or before September 1, 2024.
- ❖ Current MS Form 121/ Proof of Immunization must be submitted before first day of school.

- ❖ Registration fee of \$200 and supply fee of \$150 must be submitted with this application.
- ❖ Annual tuition is \$3000
- ❖ 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:

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**\*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:

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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?

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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: \_\_\_\_\_