



Office Use Only

Received By: _____
Date Received: _____
Payment type: _____
Registration: _____
September Tuition: _____

Lakeview's Preschool Adventures
Registration Form 2011 - 2012

Child's Full Name: _____

Name goes by: _____ Date of Birth: _____

Address: _____
Street City Zip

Home Phone: _____ Cell Phone: _____

Email Address: _____

Nationality: _____ Language spoken at home: _____

1 yr class (one before Sept 1): _____
2 yr class (two before Sept 1): _____
3 yr class (three before Sept 1) 4 days: _____
3 yr class (three before Sept 1) 3 days: _____
4 yr class (four before Sept 1): _____

Father's Name: _____ Mother's Name: _____

Marital Status: _____ Married _____ Separated _____ Divorced _____ Widowed

Father's Occupation _____ Mother's Occupation _____

Person to contact in case of emergency if the parent can't be reached:

Name: _____ Phone: _____ Relationship: _____

Child's Physician: _____ Phone: _____

Physician's Address: _____

Local church presently attending: _____

List the names and ages of siblings: _____

Have there been births, deaths, adoptions, recent move, or other changes in the family structure, which have affected your child? If so, please describe briefly. _____

What are your child's favorite play activities? _____

Does your child have any special health problems we should watch for such as allergies, asthma, infections, etc? If so, please list them and explain how you would like us to handle any situation that may arise. _____

Please give any additional information you think may be important or useful for us pertaining to your child and family. _____

