

Lakeview's Preschool Adventures

Child's Full Name: \_\_\_\_\_

Name goes by: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender: Male Female

Address: \_\_\_\_\_

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) 4 days: \_\_\_\_\_

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: \_\_\_\_\_

Local church presently attending: \_\_\_\_\_

List the names and ages of siblings: \_\_\_\_\_

Do you have children who previously attended LPA (please give Names and Year attended)? \_\_\_\_\_

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. \_\_\_\_\_