

Lakeview's Preschool Adventures

Child's Full Name: _____

Name goes by: _____ Date of Birth: _____ Gender: Male Female

Address: _____
Street City Zip

Home Phone: _____ Cell Phone: _____

Email Address: _____

Nationality: _____ Language spoken at home: _____

Please mark your first and second choice of days with a one or a two:

- 1 year class (one before Sept 1) 2 days: _____
- 1 year class (one before Sept 1) 4 days: _____
- 2 year class (two before Sept 1): 2 days: _____
- 2 year class (two before Sept 1): 4 days: _____
- 3 year class (three before Sept 1) 3 days: _____
- 3 year class (three before Sept 1) 4 days: _____
- 3 year class (three before Sept 1) 5 days: _____
- 4 year class (four before Sept 1) 4 days: _____
- 4 year class (four before Sept 1) 5 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)? _____

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. _____

OFFICE ONLY:

Registration fee: _____ Immunization Records: _____