

Lakeview's Preschool Adventures Registration Form

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:

Infant (born before March 31) 2 days: \_\_\_\_\_

Infant (born before March 31) 4 days: \_\_\_\_\_

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. \_\_\_\_\_