

2026-2027 Lakeview's Preschool Adventures Registration

Child's Full Name: _____

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

Address: _____
Street City Zip

Home Phone: _____ Cell Phone: _____

Email Address: _____

Language spoken at home: _____

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

- Infant 2 days (born between 9/1/25 and 6/30/2026) _____
- Infant 4 days (born between 9/1/25 and 6/30/2026) _____
- One year class (one before 9/1/2026): 2 days _____
- One year class (one before 9/1/2026): 4 days _____
- Two year class (two before 9/1/2026): 2 days _____
- Two year class (two before 9/1/2026): 4 days _____
- *3 year class (three before 9/1/2026) 4 days: _____
- *3 year class (three before 9/1/2026) 5 days: _____
- *4 year class (four before 9/1/2026) 4 days: _____
- *4 year class (four before 9/1/2026) 5 days: _____

*Three and Four year olds must be potty trained.

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 cannot 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. _____

I have read the Enrollment and Withdraw Policy: _____