

# Fall Registration

Child's Information:				
First Name:	Middle:	Last I	Name:	
Nick Name:		Male		Female:
Address:	City:			Zip:
Home Phone:		_ Birthday:		
Allergies/Food Restriction	ns:			
Has your child attended	preschool/daycare before:			NO
If yes, When/Where:				
Parent/Guardian Inform	ation:			
Name:		Name:		
Relationship:		Relationship:		
Cell Phone:		Cell Phone:		
Email:		Email:		
Employer:		Employer:		
Work Phone:		Work Phone:		
Sibling Information:				
Names/Ages:				
One Year Old Class:	2 Days (T/Th):	3 Days (M/W/F) :		5 Days:
Two Year Old Class:	2 Days (T/Th):	3 Days (M/W/F) :		5 Days:
Three Year Old Class:	2 Days (T/Th):	3 Days (M/W/F) :		5 Days:
Four Year Old Class:	2 Days (T/Th):	3 Days (M/W/F) :		5 Days:
PreK Class:	5 Days (Mandatory):			
Office Use ONLY:	Supply Eco	Chack#	D	ato: / /
Registration Fee:	Supply Fee:	Спеск#:	_ Da	ate://



## Authorization For Pick-Up

Please list the person(s) authorized to pick up your child, including yourself. Each authorized person must be at least 16 years old. *Your child will not be allowed to leave the program with anyone not listed below*. Authorized person(s) may receive the child in person and may be required to show identification to program staff. Children will not be handed over to person(s) who do not present an acceptable ID upon request.

If the pick up person is not on your authorized list we will require a written note or a call to the program Director.

Student Name:\_\_\_\_\_

Parent Name:\_\_\_\_\_

#### Please include names of both parents/guardians on this list.

Name:	Phone:	Relationship:
Name:	Phone:	Relationship:



### **Medical Release Form**

In the event that I cannot be contacted and my child, \_\_\_\_\_\_, should need medical attention, I give Lakeshore MDO permission to provide necessary medical attention. I further consent to medical, surgical, and/or hospital care, treatment and procedures to be performed for my child by a licensed physician or hospital when deemed immediately necessary.

I also give permission for my child to be transported by ambulance to the nearest medical emergency center or hospital for medical treatment should the MDO Director feel the situation is life threatening.

Child's Physician:	
Physician's Phone #:	Preferred Hospital:
Insurance Company:	Insurance Phone:
Insurance Policy #:	_ Group #:

#### **Child's Medical Information**

Known Allergies or Illnesses:

Please list any medications your child is currently taking and why:

Please Note: Proof of immunizations or a waiver must be submitted with this form.

Parent Name (print):	
Parent Signature:	Date://



### **Photo Release Form**

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

Date:\_\_\_/\_\_/

I understand that my child whose name is listed above may be photographed at the MDO during normal hours or activities. I understand that these photographs may be used in promoting child care services, either in print or on the internet.

With my signature below I grant permission for my child to be photographed, or their images recorded for print or electronic use in promoting the MDO's services. I understand that it is my responsibility to update this form in the event that I no longer wish to authorize the above use. I agree that this form will remain in effect during the term of my child's enrollment. I understand that there will be no payment for me or my child's participation in this release.

Parent Signature:	Date:	/ /
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Registration is \$225 per child or \$175 for Lakeshore Church members.

Registration fees are <u>not refundable</u>.

	Monthly Tuition	Annual Supply Fee
2 Days (Tuesday/Thursday)	\$225	\$215
3 Days (Monday/Wednesday/ Friday)	\$325	\$240
5 Days (Monday-Friday)	\$500	\$265
PreK 5 Days (Mandatory)	\$500	\$290

Before-Care Monthly Rates:

Days per week	Before-Care Fee
Tuesday/Thursday	\$40
Monday/Wednesday/Friday	\$60
Monday - Friday	\$90

\$12 Per day drop-in fee (Must register in advance, and only if spots are available).