



Summer Registration 2025

June 2-5 ____ June 9-12 ____ June 16-19 ____
July 7-10 ____ July 14-17 ____ July 21-24 ____

Child's Information:

First Name: _____ Middle: _____ Last Name: _____
Nick Name: _____ Male: _____ Female: _____
Address: _____ City: _____ Zip: _____
Home Phone: _____ Birthday: _____
Allergies/Food Restrictions: _____

Has your child attended preschool/daycare before: _____ YES _____ NO
If yes, When/Where: _____

Parent/Guardian Information:

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 OR M/W): _____ 4 Days (M -Th) : _____
Two Year Old Class: 2 Days (T/Th OR M/W): _____ 4 Days (M -Th) : _____
Three Year Old Class: 2 Days (T/Th OR M/W): _____ 4 Days (M -Th) : _____
Four Year Old Class: 2 Days (T/Th OR M/W): _____ 4 Days (M -Th) : _____
PreK Class: 2 Days (T/Th OR M/W): _____ 4 Days (M -Th) : _____

Office Use ONLY:

Registration Fee: _____ Supply Fee: _____ Check#: _____ Date: ____/____/____



Medical Release Form

In the event that I cannot be contacted and my child, _____, should need medical attention, I give Lakeshore Church 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: ____/____/____



Summer 2025 Registration

Registration is \$25 per week.
Registration fees are **not** refundable.

	Weekly Tuition	Supply Fee
2 days (Monday/Wednesday OR Tuesday/Thursday)	\$80	\$20
4 days (Monday- Thursday)	\$160	\$25

*Price is based per week