



LIFESONG PRESCHOOL ENROLLMENT APPLICATION

Child's Last Name: _____ First Name _____ MI _____ Nickname _____ Gender: _____

Date of Birth: _____ Physical Address: _____

Registration Period: Summer Days Attending: Monday Tuesday Wednesday Thursday Friday (circle applicable days)

Registration Period: Fall Days Attending: Monday Tuesday Wednesday Thursday Friday (circle applicable days)

Family Information: Email Address: _____ @ _____

Mom's Name: _____ Dad's Name: _____ Home Phone #: _____

Mom Cell Phone #: _____ Dad Cell Phone #: _____ Other Phone #: _____

Custody: Both _____ Mom: _____ Dad: _____ Other (specify): _____

Medical Information:

I hereby release LifeSong Preschool, its staff and sponsors from responsibility and liability from any injury or illness that my child may sustain during the session in which I have enrolled my child. In the event of an emergency, I hereby authorize any staff member as an agent for me, to consent to any X-Ray examination; medical, dental or surgical diagnosis; treatment and hospital care advised and supervised by a physician, surgeon or dentist (as appropriate) licensed to practice under the laws of the state where the services are rendered, either at a doctor's office or any hospital. I expect that every effort will be made to contact me as soon as possible, and that these powers will only be used if attempts to contact me are unsuccessful.

Doctor: _____ Address _____ Phone _____

Please list any allergies, special medical or dietary needs, or other areas of concern: _____

Provide Up-To-Date Immunizations (Blue Form) and General Health Statement (Gold Form) within 30 days of Enrollment

Contacts:

Your child will only be released to the custodial parent or legal guardian and the person's listed below. The following people will also be contacted and are authorized to remove the child from the program in case of illness, accident or emergency, if for some reason the custodial parent or legal guardian cannot be reached.

Name _____ Address _____ Work# _____ Home# _____

Name _____ Address _____ Work# _____ Home# _____

Name _____ Address _____ Work# _____ Home# _____

Church Affiliation: LifeSong Member/Attendee: _____ Attend another church _____ Do not attend _____

How did you hear about us?

Referred by Friend (list name) _____ Driving by _____ Saw Ad or Sign _____

Parent/Guardian Signature: _____ Date: _____

Sworn to (or affirmed) and subscribed before me this _____ day of _____, 20____, by _____ (PARENT NAME)

Signature of Notary - State of Florida: _____

Personally Know _____ OR Produced Identification: _____

Office Use:
Classroom: _____ Fee Paid: _____