

Lakeshore Christian Preschool
"Parent's Day Out" Application Form 2008-2009

www.lakeshorecf.com

Child's Name (last, first, m.i.) _____ Male _____ Female _____

Parents/Guardians _____

Address (street/apt. no.) _____

(city, state, zip code) _____

Home Phone _____ E-Mail Address _____

Father's Cell Phone _____ Mother's Cell Phone _____

Child's Date of Birth _____ *Child must be 14-24 months old by Sept 1st and walking.*

Place of Employment:

Mother _____ Work Phone _____

Father _____ Work Phone _____

By September 1, 2008, my child will be: 14 months old 18 months old 22 months old

Church that you attend (if any): _____

Sibling attending LCP (if any): _____

Has your child ever been screened for developmental delays? YES NO

Does your child have food allergies or a medical situation we should be aware of? YES* NO
*please explain on the back

School hours: 9:00 a.m. – 12:00 p.m.

Please indicate your first and second choices: _____ Thursday Mornings _____ Friday Mornings

Tuition: 1 day per week: \$75/month

Registration Fee: \$75 (includes child's LCP t-shirt) Please indicate Shirt Size: _____

YES, I give permission for my name, address, and phone number to be printed in the student directory.

NO, I do not give permission for my name, address, and phone number to be printed in the student directory.

This form must be completed per child and accompanied by a \$75 fee per child, with a family maximum of \$250 for registration fees. If the application is withdrawn, the application fee will be forfeited. Applications for student placement and waiting lists will be processed in the order received. Once the program is full, only the completed form is required to be placed on the waiting list. The first tuition payment will be due August 1, 2008.

Parent's Signature _____

Date _____

Lakeshore Christian Preschool • 130 Shoreline Drive • Tega Cay • SC • 29708 • 803-548-2760

FOR OFFICE USE: Date Received: _____ Amount: \$75.00 _____ Check #: _____ Room# _____