



### 2019-2020 PRESCHOOL ENROLLMENT PACKET

**Return completed application along with required paperwork to the office for notarization and payment options. Please fill out both sides of page completely.**

Today's date:    /    /

|   |  |  |
|---|--|--|
| CHILD'S NAME:   |  |  |
| Non-refundable Registration Fee of \$190                | <i>(due at time of registration)</i>   |  |
| Non-refundable Activity Fee                             | <i>(due by the first day of school)</i>  |  |
| A copy of your child's Birth Certificate                | <i>(due by the first day of school)</i>  |  |
| Current School Health Entry Exam                        | <i>(due by the first day of school)</i>  |  |
| Current Immunization Record                             | <i>(due by the first day of school)</i>  |  |
| A copy of your driver's license                         |  |  |
| Current copy of Medical Insurance Card                  |  |  |
| Registration Form (attached)                            |  |  |
| Release of Child Form (attached)                        |  |  |
| Tuition Policy signed (page 2)                          |  |  |
| Release of Medical Information Form (attached)          | <i>Notary services are available in the main office. Please bring a copy of your driver's license with you for identification.</i> |  |
| Release of Limited Personal Information Form (attached) |  |  |

Please Note: If your child has attended preschool at Lakeside previously, a copy of your child's birth certificate is on file. However, current health forms are required.

Thank you!

We appreciate the time you spent completing your packet!

For questions or additional information, please contact us at 407-330-4648 or email Debbie Heald at [dheald@lakesideumc.net](mailto:dheald@lakesideumc.net)

# Lakeside Preschool

Welcoming, Growing, Serving for Christ's love for the renewal of our community.

## REGISTRATION FORM

### CHILD INFORMATION

|   |   |
|---|---|
| Child's Name _____  | Child's Preferred Name _____  |
| Date of Birth _____   | Male _____ Female _____   |
| <i>How did you hear about us?</i>                               | <i>Please circle any that apply to your child</i>                               |
| Friend _____  | Speech, Vision, and/or Hearing Impairment<br>Disability, Developmental Concerns |
| Other _____   | <i>Personality Traits (Please circle one)</i>                                   |
| T-Shirt Size  | Shy    Talkative    Leader    Friendly    Helper                                |
| 3T _____ 4T _____ 5T _____ 6T _____                             | Other _____   |
| <b>Allergies (Please circle any that apply)</b>                 | Please use this area to tell us more about your child. (use back if necessary)  |
| Medication    Food    Insect    Environmental                   |   |
| Describe: _____ *note from doctor listing allergies is required |   |

### PARENT/GUARDIAN & FAMILY INFORMATION

Child lives with (Circle all that apply)    Both Parents    Mother    Father    Guardian    Other

Parents relationship to each other (Please circle)\*Please note that, if separated or divorced, a copy of the Divorce Decree noting guardianship, days of visitation and pertinent information must accompany this form.    Married    \*Divorced    \*Separated    Single

|  |  |
|--|--|
| Mother/Guardian Name _____                       | Father/Guardian Name _____                       |
| Address & Subdivision _____                      | Address (If Different) & Subdivision _____       |
| City                  State                  Zip | City                  State                  Zip |
| Home Phone _____                                 | Home Phone _____                                 |
| Cell Phone _____                                 | Cell Phone _____                                 |
| Work Phone _____                                 | Work Phone _____                                 |
| Occupation/Employer _____                        | Occupation/Employer _____                        |
| Email _____                                      | Email _____                                      |
| Mother/Guardian Driver's License # _____         | Father/Guardian Driver's License # _____         |
| Siblings' Names and Ages _____                   |  |

Church Affiliation/Religious Preference \_\_\_\_\_

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Child's Name \_\_\_\_\_ Today's date \_\_\_\_\_

### PROGRAM SELECTION

| PROGRAM                        | DAYS    | TIME | PLEASE CHECK YOUR SELECTION <input checked="" type="checkbox"/> | PARENT/GUARDIAN INITIALS |
|--------------------------------|---------|------|---|--------------------------|
| Younger 2 YR OLD               | T/TH    | 9-12 |   |                          |
| Younger 2 YR OLD               | M/W/F   | 9-12 |   |                          |
| Younger 2 YR OLD               | M-F     | 9-12 | Limited enrollment with prior approval                          |                          |
| 2 YEAR OLD                     | T/TH    | 9-12 |   |                          |
| 2 YEAR OLD                     | M/W/F   | 9-12 |   |                          |
| 2 YEAR OLD                     | M-F     | 9-12 | Limited enrollment with prior approval                          |                          |
| 3 YEAR OLD                     | T/TH    | 9-2  |   |                          |
| 3 YEAR OLD                     | M/ W/ F | 9-2  |   |                          |
| 3 YEAR OLD                     | M-F     | 9-2  | Limited enrollment with prior approval                          |                          |
| 4 YEAR OLD VPK ONLY            | M - F   | 9-12 |   |                          |
| 4 YEAR OLD                     | M - F   | 9-2  |   |                          |
| 4 YEAR OLD NON VPK-PRIVATE PAY | M - F   | 9-2  |   |                          |

### FOR OFFICE USE ONLY

|                         |         |      |
|-------------------------|---------|------|
| Class Assignment        | Date    |      |
| Registration Fee Amount | Check # | Date |
| Activity Fee Amount     | Check # | Date |
| Start Date              | Year    |      |
| VPK Certificate Number  |         |      |

### PLEASE CHOOSE METHOD OF PAYMENT

|  |   |                 |
|--|---|-----------------|
| *Forms may be picked in the school office. | PLEASE CHECK YOUR SELECTION <input checked="" type="checkbox"/> | PARENT INITIALS |
| DEBIT/CREDIT CARD WITHDRAWAL               |   |                 |

|                     |  |  |
|---------------------|--|--|
| ACH BANK WITHDRAWAL |  |  |
|---------------------|--|--|

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### RELEASE OF CHILD FORM

Today's Date \_\_\_\_\_

I, \_\_\_\_\_ authorize that my child, \_\_\_\_\_, be released by Lakeside Preschool to the following persons:

| EMERGENCY CONTACT INFORMATION OTHER THAN PARENT OR GUARDIAN |  |
|---|--|
| <b>Name</b>   | Relationship to Child  |
| Address   | City <span style="float: right;">Zip</span>                        |
| Home Phone  | Cell Phone   |
| Work Phone  | Best Number <i>(please circle one)</i><br>Home      Cell      Work |

|             |  |
|-------------|--|
| <b>Name</b> | Relationship to Child  |
| Home Phone  | Cell Phone   |
| Work Phone  | Best Number <i>(please circle one)</i><br>Home      Cell      Work |

|             |  |
|-------------|--|
| <b>Name</b> | Relationship to Child  |
| Home Phone  | Cell Phone   |
| Work Phone  | Best Number <i>(please circle one)</i><br>Home      Cell      Work |

|             |  |
|-------------|--|
| <b>Name</b> | Relationship to Child  |
| Home Phone  | Cell Phone   |
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|             |  |
|-------------|--|
| <b>Name</b> | Relationship to Child  |
| Home Phone  | Cell Phone   |
| Work Phone  | Best Number <i>(please circle one)</i><br>Home      Cell      Work |

|             |  |
|-------------|--|
| <b>Name</b> | Relationship to Child  |
| Home Phone  | Cell Phone   |
| Work Phone  | Best Number <i>(please circle one)</i><br>Home      Cell      Work |

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## RELEASE OF MEDICAL INFORMATION FORM

Child's Name \_\_\_\_\_ Birthday \_\_\_month\_\_\_day\_\_\_year

### EMERGENCY MEDICAL CARE

In the event that I cannot be reached to make arrangements for emergency medical attention, I authorize Lakeside Preschool UMC to arrange transportation for my child via emergency vehicle to an Emergency Room.

|   |                                     |
|---|-------------------------------------|
| <b>Child's Physician's Name</b>   | Phone                               |
| Address   | City State Zip                      |
| Preferred Hospital  | Special Medical Instructions        |
| Allergies (Please circle and list all that apply)<br>Medication Food Insect Environmental | Describe Specific Allergic Reaction |

|                                       |                             |
|---------------------------------------|-----------------------------|
| <b>Medical Insurance Carrier Name</b> | Phone                       |
| Address (P.O. Box)                    | City State Zip              |
| Group Number                          | Policy Number               |
| Insured's Name                        | Insured's Social Security # |

### PLEASE INCLUDE A COPY OF THE INSURANCE CARD WITH YOUR REGISTRATION

*I give consent for any and all treatment deemed necessary by the attending physician.*

\_\_\_\_\_  
*Parent/Guardian Signature*

### NOTARY PUBLIC

(Available at your bank and may be available in the preschool/ office)

Seminole County, Florida, United States of America

This instrument was acknowledged before me on (date) \_\_\_\_\_, by

\_\_\_\_\_  
Notary Signature

- Please check one: Known Personally
- Produced Identification

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## RELEASE OF LIMITED PERSONAL INFORMATION FORM

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

### PHOTO RELEASE

Photos and videos will be taken during the school year for various reasons such as promoting the school through our church website ([www.lakesideumc.net](http://www.lakesideumc.net)), through power point during Sunday services or through VPK Assessment. In order to do this, we will need your permission to use your child's photo. Please check one of the following and sign below.

| Permission Statement  | Please Check |
|---|--------------|
| Yes, Lakeside Preschool may use my child's photo.                 |              |
| No, Lakeside Preschool may NOT use my child's photo and or video. |              |

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### CLASS DIRECTORY

We like for our families to be able to set up play dates, birthday parties, etc., having a class directory for your child's room makes this easier for you to be able to just that. Please check one of the following and sign below.

| Permission Statement   | Please Check |
|--|--------------|
| Yes, Lakeside Preschool may use my address/phone number/ child's picture for the class directory.    |              |
| No, Lakeside Preschool may NOT use my address, phone number/child's picture for the class directory. |              |

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### EMAIL ADDRESS

Your email will be used for communication between you the parents, and the teachers or the Director. You may also receive information about events here at Lakeside United Methodist Church.

| Permission Statement                         | Please Check |
|--|--------------|
| Yes, Lakeside Preschool may use my email.    |              |
| No, Lakeside Preschool may NOT use my email. |              |

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# VPK Registration

## STEPS FOR ONLINE REGISTRATION

### APPLY ONLINE

Apply online at <https://familyservices.floridaearlylearning.com>

1. Create an account
2. Enter parent/child data
3. Upload proof of residency (one of the following)
  - Valid driver's license with current address (not expired)
  - Valid FL ID card with current address
  - Current utility bill in your name
  - Current employment pay stub with current address
  - Current residential rental agreement (signed)
4. Upload proof of child's age (one of the following)
  - Current immunization record on form DOH 680
  - Birth certificate
  - Valid military dependent ID card with child's date of birth
  - Passport or certificate of arrival in the U.S. with child's date of birth
5. Allow 7-10 days for ELC to verify data entered  
(VPK certificate will be emailed to parents upon data verification)
6. Print certificate of eligibility at home
7. Take your certificate to the VPK provider of your choice

Visit [www.seminoleearlylearning.org](http://www.seminoleearlylearning.org) to learn more about the VPK program and to view Provider Profiles.

Early Learning Coalition of Seminole  
280 Hunt Park Cove, Suite 1020  
Longwood, FL 32750  
407-960-2460