



2021-2022 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>If you have a child who is a current Lakeside student, may we bill the card on file for registration? Yes___ No___ (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)		
COVID -19 Special Program Attendance Parental Acknowledgement & Disclosure Form		

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!

For questions or additional information, please contact us at 407-330-4648
or email Lisa Mangus: lmangus@lakesideumc.net

TUITION POLICIES AND STANDARDS

Thank you for choosing Lakeside! Please let us know if you have any further questions regarding tuition once you have read the following information.

Preschool registration fees and activity fees are non-refundable. We have two methods of payment; monthly ACH automatic bank withdrawal and monthly automatic debit or credit card tuition payments.

The first tuition payment for the school year is due by the first day your child attends school and thereafter automatically on the first of the month. The cost of tuition is based on an annual rate and has been broken into 10 equal monthly payments for your convenience. This is why the same amount is due regardless of vacation days, holidays and teacher work days.

TUITION RATES AND FEES

PROGRAM	DAYS	TIME	*REGISTRATION (Includes T-Shirt)	*ACTIVITY FEE	MONTHLY TUITION
Younger 2 YR OLD (starting at 18 months)	T/TH	9-12	\$190	\$100	\$310
Younger 2 YR OLD (starting at 18 months)	M/W/F	9-12	\$190	\$100	\$340
Younger 2 YR OLD (starting at 18 months)	*M-F	9-12	\$190	\$100	\$410
Older 2 YR OLD (24 months by Sept 1st)	T/TH	9-12	\$190	\$100	\$310
Older 2 YR OLD (24 months by Sept 1st)	M/W/F	9-12	\$190	\$100	\$340
Older 2 YR OLD (24 months by Sept 1st)	*M-F	9-12	\$190	\$100	\$410
3 YR OLD	T/ TH	9-2	\$190	\$110	\$400
3 YR OLD	M/W/F	9-2	\$190	\$110	\$440
3 YR OLD	*M-F	9-2	\$190	\$110	\$535
4 YR OLD (VPK ONLY)	M – F	9-12	\$10 T-shirt fee	**DONATION OF \$180	FREE
4 YR OLD (WRAP AROUND)	M - F	9-2	\$190	\$180	\$285
4 YR NON VPK	M-F	9-2	\$190	\$180	\$535
PAYMENT DUE			At Registration	1 st day of school	Monthly/1st

* Space is limited for the 5 Day/2 and 3-year-old programs

**Your \$180 donation is applied to your child's participation in field trips and special events held at the school. Can be adjusted if we are following COVID protocol and will be adjusted before school starts.

The Registration & Activity Fees are both non-refundable.

TUITION POLICIES

1. Tuition is due on the first of the month and is late after the fifth of the month. There is 5% tuition discount if yearly tuition is paid by the 1st day of school.
2. A late fee of \$25 will be assessed after the fifth for each child. Late fees will be assessed to your account.
3. There will be a \$35 fee for any ACH returns or denied credit/debit cards.
4. This school operates on an academic calendar. Enrollment is intended for the entire school term, August through May.
5. **A two-week notice, in writing, must be given in advance of a withdrawal.** No refund of tuition will be given through this two-week period. You will be responsible for tuition through this two-week period.

IT IS ESSENTIAL TO THE OPERATION OF THE SCHOOL THAT TUITION AND FEES BE PAID ON TIME. ANY PROBLEM WITH MEETING TUITION PAYMENTS MUST BE BROUGHT TO THE ATTENTION OF THE DIRECTOR PRIOR TO THE PAYMENT DATE. THANK YOU FOR YOUR COOPERATION AND UNDERSTANDING IN THESE MATTERS.

X _____ **DATE** _____

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 Disability, Developmental Concerns
Other _____	<i>Personality Traits (Please circle one)</i>
T-Shirt Size	Shy Talkative Leader Friendly Helper
3T _____ 4T _____ 5T _____ 6T _____	Other _____
Allergies (Please circle any that apply)	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 Number/Carrier	Cell Phone Number/Carrier
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	
Name	Relationship to Child
Address	City Zip
Home Phone	Cell Phone
Work Phone	Best Number <i>(please circle one)</i> Home Cell Work

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

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

Name	Relationship to Child
Home Phone	Cell Phone
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Name	Relationship to Child
Home Phone	Cell Phone
Work Phone	Best Number <i>(please circle one)</i> 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.

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

Medical Insurance Carrier Name	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 class parties, events and special moments in the classroom. From time to time we may want to use these pictures to promote the school through our church website (www.lakesideumc.net), Private Preschool FB page, church FB page, 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. Your child's name will not be posted with their photograph. 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 email/address/phone number/ child's picture for the class directory.	
No, Lakeside Preschool may NOT use my email/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 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