


**Lakeside Fellowship Preschool**  
 Gathering, Growing and Sowing the Love of Jesus  
**CHECKLIST FOR 2015-2016 ENROLLMENT**

**Please return to the school office the completed application along with required paperwork for notarization and payment options.**

CHILD'S NAME:	
Non-refundable Registration Fee of \$165	
Non-refundable Activity Fee	
A copy of your driver's license	
A copy of your child's Birth Certificate	
Current School Health Entry Exam	
Current Immunization Record	
Current copy of Medical Insurance Card	
Registration Form (attached)	
Release of Child Form (attached)	
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!

## TUITION RATES & FEES

### 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 payments. If you wish to use your debit or credit card, there is an additional \$5 per month convenience fee to help us keep our tuition costs down.

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 FEE	*ACTIVITY FEE	MONTHLY TUITION
2 YR OLD	T/TH	9-12	\$165	\$65	\$260
2 YR OLD	M/W/F	9-12	\$165	\$65	\$290
3 YR OLD	T/ TH	9-2	\$165	\$75	\$300
3 YR OLD	M/ W/ F	9-2	\$165	\$75	\$325
3 YR OLD	M-F	9-2	\$165	\$75	\$380
4 YR OLD (VPK ONLY)	M - F	9-12	FREE	*DONATION OF \$125	FREE
4 YR OLD (WRAP AROUND)	M - F	9-2	\$165	\$125	\$200
PAYMENT DUE			At Registration	June 1 <sup>st</sup> , 2014	Monthly - 1st

\*Your \$125 donation is applied to your child's participation in field trips and special events held at the school. 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.
2. A late fee of \$20 will be assessed after the fifth for each child. Late fees will be assessed to your account.
3. There will be a \$25 fee (as per bank) for any ACH returns.
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.**

\*Donations go toward covering the expense of fieldtrips, special events and some materials for your child.

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## REGISTRATION FORM

### CHILD INFORMATION

Child's Name	Child's Preferred Name
Date of Birth	Male          Female
<i>How did you hear about us?</i> Lake Mary Life _____ Mom's Club _____ Friend _____ Other _____	<i>Please circle any that apply to your child</i> Speech, Vision, and/or Hearing Impairment Disability    Developmental Concerns Describe _____
<b>Allergies (Please circle any that apply)</b> Medication    Food    Insect    Environmental Describe: _____	<i>Personality Traits (Please circle one)</i> Shy    Talkative    Leader    Friendly    Helper Other _____

### 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 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 \_\_\_\_\_

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

**PROGRAM SELECTION**

PROGRAM	DAYS	TIME	PLEASE CHECK YOUR SELECTION <input checked="" type="checkbox"/>	PARENT/GUARDIAN INITIALS
2 YEAR OLD	T/TH	9-12		
2 YEAR OLD	M/W/F	9-12		
3 YEAR OLD	T/TH	9-2		
3 YEAR OLD	M/ W/ F	9-2		
3 YEAR OLD	M-F	9-2		
4 YEAR OLD	M - F	9-12		
4 YEAR OLD	M - F	9-2		

**FOR OFFICE USE ONLY**

Class Assignment	Date
Registration Fee Amount	Check #
Activity Fee Amount	Check #
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 (\$5 per month convenience fee )		
ACH BANK WITHDRAWAL		

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## RELEASE OF CHILD FORM

I, \_\_\_\_\_ authorize that my child, \_\_\_\_\_, be released by Lakeside Fellowship Preschool to the following persons, in addition to those listed on the registration form.

<b>Name (EMERGENCY CONTACT)</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> Home      Cell      Work

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

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

<b>Name</b>	Relationship to Child
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<b>Name</b>	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 Fellowship 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 all that apply) 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 will be taken during the school year for various reasons such as promoting the school through our church website ([www.lakesidefellowship.org](http://www.lakesidefellowship.org)) or through power point during Sunday services. 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 Fellowship Preschool may use my child's photo.	
No, Lakeside Fellowship Preschool may NOT use my child's photo.	

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 Fellowship Preschool may use my address/phone number/ child's picture for the class directory.	
No, Lakeside Fellowship 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 Fellowship United Methodist Church.

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

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