ACSI ACCREDITED

2020-2021

LifeSong PRESCHOOL APPLICATION

CHILD'S INFORMATION

CHILD'S LAST NAME _____ FIRST NAME _____ MI _____

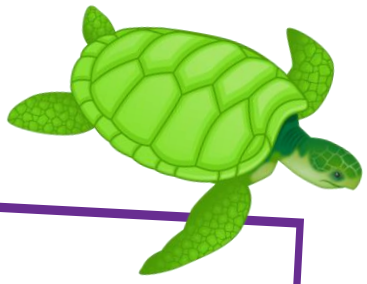
☐ M ☐ F

NICK NAME _____ DATE OF BIRTH _____

STREET ADDRESS _____

CITY, STATE, ZIP _____

PARENT EMAILS (EMAIL PRESCHOOL UPDATES TO THIS ADDRESS(ES)) _____



HOW DID YOU HEAR ABOUT US?

☐ SIGN ☐ WEB ☐ REFFERAL BY _____

PRESCHOOL STUDENTS

1 YEAR OLD CLASS
TURTLE

2 YEAR OLD CLASSES
SEAHORSE/STARFISH

☐ M ☐ T ☐ W ☐ TH

** DAYS ATTENDING - CHECK ALL APPLICABLE DAYS

3 YEAR OLD CLASSES
SAND DOLLAR/DOLPHIN/JELLYFISH

KG READINESS-4/5 YEAR OLD CLASSES
STINGRAY/MANATEE

☐ M ☐ T ☐ W ☐ TH ☐ F

** DAYS ATTENDING - CHECK ALL APPLICABLE DAYS

CHURCH AFFILIATION (OPTIONAL)

☐ LIFESONG MEMBER/ATTENDEE ☐ ATTEND ANOTHER CHURCH ☐ DO NOT ATTEND

**MORE ON BACK

FAMILY INFORMATION

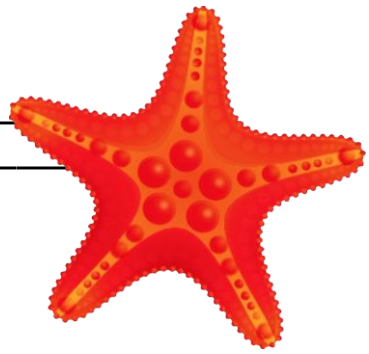
PARENT/GUARDIAN 1	OCCUPATION	COMPANY
EMAIL	PHONE 1	PHONE 2
PARENT/GUARDIAN 1	OCCUPATION	COMPANY
EMAIL	PHONE 1	PHONE 2

CHILD'S MEDICAL INFORMATION

I HEREBY RELEASE LIFESONG CHURCH, ITS STAFF AND SPONSORS FROM RESPONSIBILITY AND LIABILITY FROM ANY INJURY OR ILLNESS THAT MY CHILD MAY SUSTAIN DURING THE SEASON 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 SUPER STATE WHERE THE SERVICES ARE RENDERED, EITHER AT A DOCTOR'S OFFICE OR ANY HOSPITAL. EVERY EFFORT WILL BE MADE TO CONTACT THE PARENT AS SOON AS POSSIBLE. AND THESE POWERS WILL ONLY BE USED IF ATTEMPTS TO CONTACT A PARENT/GUARDIAN ARE UNSUCCESSFUL.

DOCTOR'S NAME	PHONE #
STREET ADDRESS	CITY, STATE, ZIP

PLEASE LIST ANY ALLERGIES, SPECIAL MEDICAL/DIETARY NEEDS, OR AREAS OF CONCERN:



EMERGENCY CONTACT/CHILD PICKUP

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.

NAME	CITY, STATE, ZIP	PHONE #
NAME	CITY, STATE, ZIP	PHONE #
NAME	CITY, STATE, ZIP	PHONE #

PARENT/GUARDIAN SIGNATURE

PARENT SIGNATURE	DATE

** PLEASE NOTE WE HAVE A NOTARY ON STAFF

SWORN TO (OR AFFIRMED) AND SUBSCRIBED BEFORE ME ON THIS _____ (DAY) DAY OF _____ (MONTH) OF _____ (YEAR)

BY _____
(NAME OF PERSON MAKING STATEMENT)

SIGNATURE OF NOTARY - STATE OF FLORIDA

☐ PERSONALLY KNOW ☐ PRODUCED IDENTIFICATION