



Life Song
**PRESCHOOL
APPLICATION**

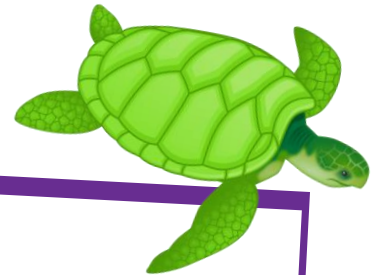
CHILD'S INFORMATION

CHILD'S LAST NAME _____ FIRST NAME _____ MI M F

NICKNAME _____ DATE OF BIRTH _____

PARENT/GUARDIAN NAME(S) _____

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



HOW DID YOU HEAR ABOUT US?

SIGN WEB CHURCH REFFERAL BY _____

PRESCHOOL STUDENTS

1 YEAR OLD CLASS * MUST BE 1 BY SEPT. 1ST

TURTLES

2 YEAR OLD CLASSES * MUST BE 2 BY SEPT. 1ST

SEAHORSE/STARFISH

3 YEAR OLD CLASSES * MUST BE 3 BY SEPT. 1ST

SAND DOLLAR/DOLPHIN

KG READINESS-4/5 YEAR OLD CLASSES * MUST BE 4 BY SEPT. 1ST

STINGRAY/MANATEE

M T W TH

** DAYS ATTENDING - CHECK ALL APPLICABLE DAYS

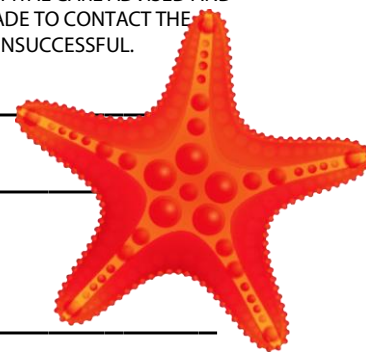
FAMILY INFORMATION

_____ PARENT/GUARDIAN 1	_____ OCCUPATION	_____ COMPANY
_____ STREET ADDRESS		_____ CITY, STATE, ZIP CODE
_____ EMAIL	_____ PHONE 1	_____ PHONE 2
_____ PARENT/GUARDIAN 2	_____ OCCUPATION	_____ COMPANY
_____ STREET ADDRESS (IF DIFFERENT FROM ABOVE)		_____ CITY, STATE, ZIP CODE
_____ 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:	



TUITION AND DISCOUNTS

WE OFFER A 5% DISCOUNT TO STUDENTS WHO ATTEND 4 DAYS A WEEK, SIBLINGS, FIRST RESPONDERS, AND MILITARY FAMILIES. PLEASE INDICATE HERE IF YOU MEET ONE OF THESE QUALIFICATIONS (ONE PER FAMILY).

<input type="checkbox"/> FIRST RESPONDER	<input type="checkbox"/> MILITARY	<input type="checkbox"/> SIBLING	<input type="checkbox"/> ATTENDING 4 DAYS
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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 OF _____ OF _____	
(DAY) (MONTH) (YEAR)	
BY _____	
(NAME OF PERSON MAKING STATEMENT)	

_____ SIGNATURE OF NOTARY - STATE OF FLORIDA	
<input type="checkbox"/> PERSONALLY KNOW	<input type="checkbox"/> PRODUCED IDENTIFICATION