

A Place To Grow...



Learning, Caring and Kindness at LCK

Lake Country Kindergarten Preschool
P.O. Box 191 ~ North Lake, WI 53064 ~ (262) 966-2033
lckpreschool@yahoo.com
www.lckpreschool.com

REGISTRATION FORM

ALL INFORMATION IS KEPT STRICTLY CONFIDENTIAL. Date _____

Child's name _____ Age _____ Birth date _____

Name child prefers to be called _____

Father's/Guardian's name _____

Home address _____

Home phone _____ Cell phone _____

Email address _____ Marital Status: M W D S

Occupation _____ Work phone _____

Mother's/Guardian's name _____

Home address _____

Home phone _____ Cell phone _____

Email address _____ Marital Status: M W D S

Occupation _____ Work phone _____

Any education or specific training pertaining to childcare:

Father _____ Mother _____

Others in household (brothers, sisters, grandparents, etc.)

Name _____ **Age** _____ **Relationship** _____

School Currently Attending _____

Name _____ **Age** _____ **Relationship** _____

School Currently Attending _____

Name _____ **Age** _____ **Relationship** _____

School Currently Attending _____

General Information

Have you or your child participated in a preschool before? _____

If so, where _____ When? _____

How did you hear about LCK Preschool? _____

Were you referred by another person? _____ If so, whom? _____

Future school district child will attend _____

Any special things we should know about your child? _____

Favorite toys _____

Favorite activities _____

Previous group experience _____

Describe your child's personality as to:

Happiness _____

Tantrums _____

Affection _____

Biting _____

Shyness _____

Fears _____

Other behaviors you may be concerned about? _____

Are there any medical conditions or medications that pertain to your child's state of health?

What I hope to gain for my child at LCK _____

What I hope to gain for myself at LCK _____

To help parents provide educational experiences for their preschool children and themselves by cooperative effort, I agree to the following:

- *To pay a non-refundable registration fee of \$75.00.*
- *To pay tuition either in full, quarterly or by semester by the date due to the Treasurer's mailbox.*
- *To attend Fall Orientation and one (1) monthly Board meeting.*
- *To sign up and complete a Co-op job to help with the operation of LCK.*
- *To keep my child home if there are any signs of illness or communicable disease.*
- *To submit all necessary registration and medical forms to the Secretary prior to the first day of school or my child will not be allowed to attend.*
- *I allow, do not allow (circle one) LCK to use photographs of my family for marketing purposes.*

Signed _____ **Date** _____