



5336 Arbor Road, Long Beach, Ca 90808
Office (562) 420-4833,
preschool@lcsbears.org

PRESCHOOL APPLICATION FOR ADMITTANCE

(Please complete in full)

APPLICATION STATEMENT

I hereby make application for my child _____
First Middle Initial Last

for the **3's**, **4's** and **TK** (circle one.) the 20____-20____ School Year at Lakewood Christian Schools

In making this application I understand that...

- Registration fees are not refundable
- My cooperation is expected in regular, prompt tuition payments.
- I agree to support the policies of the school as outlined in the Parent-Student Handbook.
- I verify that I have read the Parent-Student Handbook online (please check the box)
- Each student's class assignment is the responsibility of the school administrator
- While my child is a student at LCS, the school shall have full discretion of the discipline of my child.
- Registration will be based upon prior citizenship, academic record, attendance record, and other pertinent factors

Signature of Parent or Guardian

Date

STUDENT INFORMATION :

Birth Date _____ Sex _____

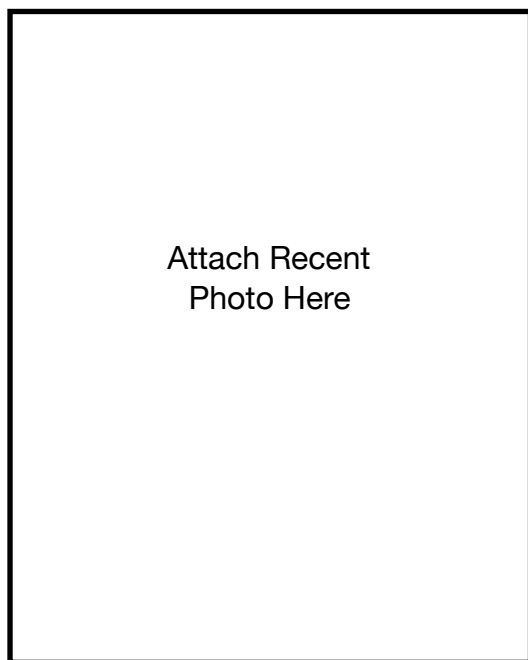
Birth Place _____

STUDENT RESIDES WITH:

_____ Both Parents _____ Mother/Stepfather

_____ Mother _____ Father/Stepmother

_____ Father _____ Other _____



OFFICE USE ONLY

Date Application Received _____

Date Registration Fee Paid _____

Immunization Record _____

Additional Notes _____

FAMILY INFORMATION

Contact Email for Billing Purposes _____

FATHER OR LEGAL GUARDIAN'S NAME _____

Home Address _____
Street City Zip

Occupation _____

Place of Employment _____

Business Address _____

Home Phone (_____) _____ Cell Phone (_____) _____

MOTHER OR LEGAL GUARDIAN'S NAME _____

Home Address _____
Street City Zip

Occupation _____

Place of Employment _____

Business Address _____

Home Phone (_____) _____ Cell Phone (_____) _____

Brothers and Sisters (Please list below)

Name	Age	School Currently Attending
_____	_____	_____
_____	_____	_____
_____	_____	_____

Other Family Members Living in this Household

ATTENDANCE:

How many days per week were you wanting your child to attend?

_____ 2 Days a Week (Tuesday and Thursday)

Additional Notes or Preferences

_____ 3 Days a Week (Monday, Wednesday, and Friday)

_____ 5 Days a week ((Monday through Friday)

Would you be using Extended Care? Drop off could be as early as 6:30 AM, the child may stay until 3:00 PM.

_____ Yes I would like to enroll my child in extended care

_____ Days per week

- From _____ AM to _____ PM

BACKGROUND INFORMATION

Has the student ever been identified with a behavioral or academic challenge?

Yes _____ No _____

Does this student require academic modification or accommodation ?

Yes _____ No _____

Does the student have any limitations?

Yes _____ No _____

Are there any unusual factors in this child's life?

Yes _____ No _____

(Custody issues, death in the family, multiple residences, etc)

If yes, please explain _____

Does this student receive any regular medication?

Yes _____ No _____

Reasons for Medication(s): _____

Please list any other information which you feel would be helpful: _____

CHURCH INFORMATION

Denominational Preference _____

Current Church _____

Name

Address

Pastor's Name _____

Attendance Pattern

Regular

Occasional

None

Father/Legal Guardian

Mother/Legal Guardian

The Student

What do you want your student taught about God? _____

Please give a statement as to your personal experience and faith in Jesus: _____

Please state your primary reason for desiring to send your student to LCS _____

How were you introduced to LCS?

_____ Attended Church here at Arbor Road

_____ Friend _____

_____ Website

_____ Advertisement - What Publication _____
