

**Application for Admission**

**Lakeshore Christian Church  
Parents' Day Out**

**For Office Use:**

App. Fee Paid: \_\_\_\_\_  
App. #: \_\_\_\_\_  
Start Date: \_\_\_\_\_  
Supply fee: \_\_\_\_\_  
End Date: \_\_\_\_\_

Fall/Spring Session  
Monday/Wednesday \_\_\_\_\_  
Tuesday/Thursday \_\_\_\_\_  
Date Applied: \_\_\_\_\_

Is your child already enrolled? Yes \_\_\_ No \_\_\_ If yes, what year did he/she begin? 20\_\_\_

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Birthdate: \_\_\_\_\_  
mm/dd/yyyy

Address: \_\_\_\_\_  
City ST Zip

Child's Native language: \_\_\_\_\_ Sex (circle one): M or F

Language spoken in home: \_\_\_\_\_

Please identify names, relation, & ages of child's siblings: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Address: \_\_\_\_\_  
City ST Zip

Email: \_\_\_\_\_

Employer: \_\_\_\_\_ Work #: \_\_\_\_\_ Hours: \_\_\_\_\_

Nationality: \_\_\_\_\_ Native tongue: \_\_\_\_\_ Language spoken in home: \_\_\_\_\_

Marital Status: Single \_\_\_ Married \_\_\_ Divorced \_\_\_ Widowed \_\_\_

Father's Name: \_\_\_\_\_ Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Address: \_\_\_\_\_  
City ST Zip

Email: \_\_\_\_\_

Employer: \_\_\_\_\_ Work #: \_\_\_\_\_ Hours: \_\_\_\_\_

Nationality: \_\_\_\_\_ Native tongue: \_\_\_\_\_ Language spoken in home: \_\_\_\_\_

Marital Status: Single \_\_\_ Married \_\_\_ Divorced \_\_\_ Widowed \_\_\_

Child's Residence: Mother \_\_\_ Father \_\_\_ Both \_\_\_ Guardian \_\_\_

Who has legal custody? Name: \_\_\_\_\_ Relation: \_\_\_\_\_

**Emergency Contact Information: Please list someone other than a parent or guardian**

Name: \_\_\_\_\_ Relation to child: \_\_\_\_\_

Address: \_\_\_\_\_  
City ST Zip

Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_ Work #: \_\_\_\_\_

Email: \_\_\_\_\_

**Please list any individuals other than parents/guardians who are permitted to pick-up your child:**

Name: \_\_\_\_\_ Name: \_\_\_\_\_ Name: \_\_\_\_\_

Relation: \_\_\_\_\_ Relation: \_\_\_\_\_ Relation: \_\_\_\_\_

Phone: \_\_\_\_\_ Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

**\*\*Transportation Policy:** Parents' Day Out staff will not release your child to any person demonstrating a behavior that we believe will place your child in immediate risk of danger. In the event that we cannot release your child, we will contact an alternate caregiver.

How did you learn about Lakeshore Christian Church PDO? \_\_\_\_\_

**Medical Information:**

Allergy: \_\_\_\_\_ Allergy: \_\_\_\_\_ Allergy: \_\_\_\_\_  
 Reaction: \_\_\_\_\_ Reaction: \_\_\_\_\_ Reaction: \_\_\_\_\_  
 Medical Conditions: \_\_\_\_\_  
 Special Dietary Needs: \_\_\_\_\_  
 Special needs/limitations: \_\_\_\_\_  
 Medications: \_\_\_\_\_

**Insurance Information:** Please include a copy of your health insurance card with your application.

Policy Name & Number: \_\_\_\_\_  
 Physician Name: \_\_\_\_\_ Physician Phone: \_\_\_\_\_  
 Hospital Name: \_\_\_\_\_ Hospital Phone: \_\_\_\_\_

*"Permission is granted to meet the needs of my child in case of emergency."*

\_\_\_\_\_  
*Parent/Guardian Signature*

*By signing this form, I expressly assume the risk of damage or harm to person or property. Accordingly, neither Lakeshore Christian Church nor any of its agents, employees, servants or invitees shall be liable to me or any of my family, agent, employees, servants or invitees for any damage to persons or property when and to the extent that any such damage or injury may be caused, either proximately or remotely, wholly or in part, by any act or omission, whether negligent or not, of Lakeshore Christian Church or any of its agents, employees, servants, or invitees or due to the condition or design or any defect in the building, its mechanical systems, or its equipment.*

\_\_\_\_\_  
Signature of Parent/Guardian Date

Please include a non-refundable \$45 application fee at the time you register your child. If space is available at the desired time of your child's enrollment at Lakeshore Parent's Day Out, you will be notified after his/her application has been reviewed. If a waiting list exists at the time we receive this application, you will be notified as soon as a space is available. If at any time you desire to have your name removed from this list please contact us.