



Photograph Release

I hereby grant permission for photographs of my child's activities at Lakeshore Christian Preschool for the use of training teachers and the public about early education. I understand that these photographs may appear in forms such as display panels, videos, books, brochures or on the internet (facebook, shutterfly, etc). I agree that I am to receive no compensation for my child's appearance. I also understand that my child's participation confers on me no ownership rights to the photographs or negatives.

Parent's/Guardian's Signature _____

Date _____

Child's Name _____

Age _____

Tuition Agreement

I agree to pay my child's tuition by the first of each month. The annual tuition is broken up into 9 equal payments and I understand it is not pro-rated based on the number of days of attendance. If the tuition is not paid by the 5th of each month, I owe a late fee of \$15.00. If the tuition and late fee are not paid within 14 days of notification, my child will be withdrawn from the program. I understand there are no credits for absences. If the child is withdrawn from school on the advice of a physician, due to relocation, or by mutual consent of both parents and the Director, the tuition is cancelled for the remainder of the school year. I understand that LCP requires a 30 day written notice prior to child's withdrawal from the preschool.

Parent's/Guardian's Signature _____

Date _____

Annual tuition payment
(PDO=\$585/1,111.50 or less; 2YO=\$1,575/2,362.50; 3YO=\$1,935; 4YO/TK=\$2,520)

Monthly tuition amount if paid for 9 months
(PDO=\$65/123.50; 2YO=\$175/262.50; 3YO=\$215; 4YO/TK=\$280)

Medication Consent

I give permission for the below medication to be given to my child only as prescribed by _____
(name of physician)

This medication may be given to the child until: _____
(Date or until medication is gone)

Child's Name _____

Medication _____

Condition for which prescribed _____

Possible side effects _____

Dosage and time of administration _____

Other remarks _____

Parent's/Guardian's Signature _____

Date _____

Notary Public required for Medication Consent Only

State of _____ County of _____

This instrument was acknowledged before me on _____ by _____
Date (Signature and seal of notary public)

(Notary commission expiration date)



Emergency Contact and Medical Information for a Child

Child's Name _____

Date of Birth _____

Parent's/Guardian's Name _____

Parent's/Guardian's Names _____

() _____
Home Phone Work Phone

() _____
Home Phone Work Phone

Address _____

Address _____

City, State, Zip Code _____

City, State, Zip Code _____

Alternative Emergency Contacts

I authorize that my child _____, be released by Lakeshore Christian Preschool to the following persons, in addition to those already listed on this form.

Parent's/Guardian's Signature _____ Date: _____

Primary Emergency Contact _____

Secondary Emergency _____

() _____
Home Phone Work Phone

() _____
Home Phone Work Phone

Address _____

Address _____

City, State, Zip Code _____

City, State, Zip Code _____

Relationship to child _____

Relationship to child _____

Medical Information

Hospital/Clinic Preference _____

Physician's Name _____

Phone Number _____

Insurance Company _____

Policy Number _____

Allergies/Special Health Considerations _____

I authorize all medical and surgical treatment, x-ray, laboratory, anesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics for my child and waive my right to informed consent of treatment. This waiver applies only in the event that neither parent/guardian can be reached in the case of an emergency.

Parent's/Guardian's Signature _____

Date _____