

Parent's Day Out Application Form 2019-2020

Child's Name (last, first, m.i.) _____ Male _____ Female _____

Parents/Guardians _____

Address (street/apt. no) _____

(city, state, zip code) _____

Home Phone _____ E-Mail Address _____

Father's Cell Phone _____ Mother's Cell Phone _____

Child's Date of Birth _____ Child must be at least 14 months by time of enrollment.

Place of Employment:

Mother _____ Work Phone _____

Father _____ Work Phone _____

By time of enrollment my child will be at least 14 months old (circle one): Yes No

Church that you attend (if any): _____

Sibling attending LCP (if any): _____ What is your child's primary language? _____

Has your child ever been screened for developmental delays (circle one)? Yes No

Does your child have food allergies or a medical situation we should be aware of (circle one)? Yes* No
*(Please indicate allergies &/or medical conditions on the back of this form)***Please circle your choice below...****2** mornings per week \$225.00/month (please circle which 2 days) Monday Tuesday Wednesday Thursday Friday**3** Mornings per week \$300.00/month (please circle which 3 days) Monday Tuesday Wednesday Thursday Friday**4** Mornings per week \$400.00/month (please circle which 4 days) Monday Tuesday Wednesday Thursday Friday**5** Mornings per week \$500.00/month***Please circle your choice below...**

Yes, I give permission for my name, address, phone number & email address to be printed on the class roster.

No, I do not give permission for my name, address, phone number & email address to be printed on the class roster.

NOTICE OF NONDISCRIMINATION AS TO STUDENTS

"The Tega Cay Christian School (dba: Lakeshore Christian Preschool) admits students of any race, color, national, and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national, and ethnic origin in administration of its educational policies, admissions policies, scholarship, loan programs, athletic and other school administered programs."

This form must be completed per child and accompanied by \$105 for new students or \$90 for returning students; with a family maximum of \$255 for new students or \$230 for returning students. If the application is withdrawn, the application fee will be forfeited. Applications for student placement and waiting lists will be processed in the order received. *Special requests for specific teachers will not be accepted. Once the program is full, your child can be placed on the wait list at no cost to you. The first tuition payment of the school year is due August 1st, leaving your final payment due April 1st (total of 9 payments per school year.) School hours are 9:00am to 1:00pm.

Parent's Signature _____ Date _____