

APPLICATION FOR LCHS PLAYSCHOOL

Child's name: _____
First Middle Last

Preferred name: _____ Sex: _____ Age: _____

Date of birth: ____/____/____ Address: _____

Father's name: _____ Occupation: _____

Mother's name: _____ Occupation: _____

Is there any previous medical history that would affect your child's participation in activities?
Please explain:

Does your child have any allergies? If so, to what? _____

Other persons living in the home:	Age:	Sex:	Relationship:
-----------------------------------	------	------	---------------

_____	_____	_____	_____
-------	-------	-------	-------

_____	_____	_____	_____
-------	-------	-------	-------

_____	_____	_____	_____
-------	-------	-------	-------

_____	_____	_____	_____
-------	-------	-------	-------

_____	_____	_____	_____
-------	-------	-------	-------

Briefly describe your child. Tell about favorite toys, eating habits, daily routines etc.

Is your child toilet trained? _____

** Please send an extra pair of underwear and pants if newly toilet trained.

** Please send wipes and extra diapers/pull ups if not yet toilet trained.

IDENTIFICATION AND EMERGENCY INFORMATION

Child's name: _____ Date of Birth: _____

Home address: _____

Father's name: _____ Telephone: _____

Daytime Address: _____

Mother's name: _____ Telephone: _____

Daytime Address: _____

Person responsible for child if parents are unavailable:

Name: _____ Relationship: _____

Address: _____

Telephone: _____

Other person authorized to take child from playschool:

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

I give my permission for my child, _____, to attend LCHS
Playschool. I will not hold the school official liable for accident or injury. I give
permission for my child to be photographed for school use.

Parent/Guardian Signature

Date