



Application for Enrollment

Proposed Date of Enrollment _____

Child's Full Name _____ Name Goes By _____

Home Address _____ City _____ ZIP _____

Home Phone _____ Gender M / F Age _____ Date of Birth _____

Circle desired program

Terrific Two's M-F or M/W/F or M/W or T/R

Preschool M-F or M/W/F M-TH or T/R

MOTHER / Guardian Name _____

Address (if different from child's) _____

1st Phone _____ Cell/Home/Work _____ Email _____

2nd Phone _____ Cell/Home/Work _____ Name of Employer _____

3rd Phone _____ Cell/Home/Work _____ Employer Address _____

FATHER / Guardian Name _____

Address (if different from child's) _____

1st Phone _____ Cell/Home/Work _____ Email _____

2nd Phone _____ Cell/Home/Work _____ Name of Employer _____

3rd Phone _____ Cell/Home/Work _____ Employer Address _____

Preferred contact in case of emergency Mom/Guardian Dad/Guardian

EMERGENCY CONTACTS (Other than parents)

1. Name _____ 1st phone _____ Cell/Home/Work _____

Relationship to Child _____ 2nd phone _____ Cell/Home/Work _____

Address _____

2. Name _____ 1st phone _____ Cell/Home/Work _____

Relationship to Child _____ 2nd phone _____ Cell/Home/Work _____

Address _____

3. Name _____ 1st phone _____ Cell/Home/Work _____

Relationship to Child _____ 2nd phone _____ Cell/Home/Work _____

Address _____

Other persons to whom LWCP is authorized to release a child. We must have complete addresses for all individuals authorized to pick-up your child. These persons must present their Driver's license at the time of pick-up.

1. Name _____ Relationship to Child _____
1st phone _____ Cell/Home/Work Address _____
2nd phone _____ Cell/Home/Work _____
2. Name _____ Relationship to Child _____
3. 1st phone _____ Cell/Home/Work Address _____
4. 2nd phone _____ Cell/Home/Work _____

Persons to whom LWCP is NOT authorized to relase your child. LWCP will need a copy of court order should there be one.

Name _____ Relationship _____
Name _____ Relationship _____

Pediatrician _____ *Office Phone* _____

Address _____

Dentist _____ *Office Phone* _____

Address _____

Hospital of Preference _____ *Main Phone* _____

Address _____

Allergies: If the allergy requires a rescue med (Epi-Pen, Benadryl, Inhaler) we will need a Health Care Plan from your Pediatrician.

Authorization for Emergency Medical Care

I hereby give my permission to the staff of Living Way Christian Preschool to call a doctor or emergency medical service and for the doctor, hospital or medical service to provide emergency medical or surgical care for my child.

It is understood that LWC will make a conscientious effort to locate the parent/guardians and emergency contacts listed on the Application for Enrollment before any action will be taken. If it is not possible to locate emergency contact listed, treatment will not be delayed. I/we will accept the expense of emergency transportation, medical or surgical treatment.

Parent/Guardian signature _____ Date _____

Parent/Guardian signature _____ Date _____

Please return this completed Application for Enrollment and \$35 Registration fee to:

Living Way Christian Preschool
345 E Wildcat Reserve Pkwy
Highlands Ranch, CO 80126
303.797.7076 x112