Lakeside Union School District

LEAPP

Lakeside Early Advantage

Preschool Programs

Student Name:____D.O.B:____/____/____Gender: ☐ M ☐ F

Preschool Class: ☐ State Preschool ☐ Tuition Preschool ☐ AM ☐ PM **Class:** ______________________________

Days of the week: ☐ 2 Days-TTH ☐ 3 Days-MWF ☐ 5 Days-M-F **Potty Trained** ☐ Y ☐ N

Extended Day Class: ☐ **Y** ☐ **N** **Projected Hrs** (1-14 hr minimum):______________

Parent / Guardian Information: **(Responsible party indicates: financially, full account access, & allowed to make updates)**

Parent/Guardian:____________________________Phone 1:________________Phone 2:________________

Address:____

Required-E-mail Address:________________________ **Lives With: Yes No Financially Responsible: Yes No**

Parent/Guardian:____________________________Phone 1:________________Phone 2:________________

Address:____

Required-E-mail Address:________________________ **Lives With: Yes No Financially Responsible: Yes No**

Emergency Contact Other Than Parent / Guardian:

Name:____________________________Relation:____________Phone 1:____________Phone 2: ____________

Name:____________________________Relation:____________Phone 1:____________Phone 2: ____________

Name:____________________________Relation:____________Phone 1:____________Phone 2: ____________

Name:____________________________Relation:____________Phone 1:____________Phone 2: ____________

Name:____________________________Relation:____________Phone 1:____________Phone 2: ____________

Name:____________________________Relation:____________Phone 1:____________Phone 2: ____________

Medical Information:

Please indicate any medical conditions that the staff should be aware of and/or that would limit your child's activities (i.e. allergies, asthma, injuries, etc…)____

If your child needs any medication, please indicate. Before any medication may be administered by staff, a completed physician's form must be on file.

Medication:____Approx. time of day:____________________

____

The above information is current and accurate:

____ ____________________

Parent Signature Date

Program Use only

Changes:

Class: State Preschool: ☐AM ☐ PM **LEAP Preschool:** ☐AM ☐ PM ☐**LEAP Early Adv.** Date:________________

Class: State Preschool: ☐AM ☐ PM **LEAP Preschool:** ☐ AM ☐ PM ☐**LEAP Early Adv.** Date:________________

Days of the week: ☐2 Days-TTH ☐3 Days-MWF ☐5 Days-M-F **Extended Day Class:** ☐ **Y** ☐ **N**

Program Notes: (i.e. employee, charges, alternate payment…) ____