

Leland Christian Academy Preschool Re-enrollment Card

Date Completed	For School Year	Preschool Class to Enter	Birthdate / /
Student Name <i>Last</i>		<i>First</i>	<i>Middle</i>
Street Address		<i>PO Box</i>	<i>City</i> <i>Zip</i>
Father's Name		Phone #	Cell Carrier Cell #
Street Address		<i>PO Box</i>	<i>City</i> <i>Zip</i>
E-mail		Father's Employment	Phone #
Mother's Name		Phone #	Cell Carrier Cell #
Street Address		<i>PO Box</i>	<i>City</i> <i>Zip</i>
E-mail		Mother's Employment	Phone #
Applicant lives with(circle all that apply): Mother Father Legal Guardian Stepmother Stepfather Other			
If separated/divorced, who has primary custody?(circle one): joint mother father other (please explain) _____			
*Legal documentation may be required			
Infant / Toddler:		5 day Full day _____	
PK2:		5 day Full day _____	5 day Half _____ 3 day Full day _____
PK3:		5 day Full day _____	5 day Half _____ 3 day Full day _____
PK4:		5 day Full day _____	5 day Half _____
			<u>Office Use Only</u> Enrollment Fee _____ Date Received _____

For any child with health care needs such as allergies, asthma, or other chronic conditions that require specialized health services, a medical action plan shall be attached to the application. The medical action plan must be completed by the child's parent or health care professional. Is there a medical action plan attached? Yes ___ No ___

Is Student presently taking any medication? YES ___ NO ___ If yes, what? _____

Please list any health care needs or concerns, symptoms of and type of response required: _____

Please list any food or drug allergies and the symptoms and type of response required. _____

What method of communication is LCA permitted to use to send you notifications? Please check all that apply.
 Phone call _____ Email _____ Text _____

Please list any **additions and/or changes** to your child's emergency contacts or person(s) they may be released to (other than parent/guardian). Children may only be released to individuals listed on reenrollment card and/or initial application.

Name _____	Relationship _____	Phone _____
Name _____	Relationship _____	Phone _____
Name _____	Relationship _____	Phone _____
Name _____	Relationship _____	Phone _____
Name _____	Relationship _____	Phone _____

X _____ FATHER/GUARDIAN	DATE	X _____ MOTHER/GUARDIAN	DATE
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