

## Leland Christian Academy Preschool Re-enrollment Card

Date Completed	For School Year	Preschool Class to Enter	Birthdate / /
<b>Student Name</b> <i>Last</i> <span style="margin-left: 150px;"><i>First</i></span> <span style="margin-left: 150px;"><i>Middle</i></span>			
Street Address <span style="margin-left: 150px;"><i>PO Box</i></span> <span style="margin-left: 150px;"><i>City</i></span> <span style="margin-left: 150px;"><i>Zip</i></span>			
<b>Father's Name</b>		Phone #	Cell Carrier Cell #
Street Address <span style="margin-left: 150px;"><i>PO Box</i></span> <span style="margin-left: 150px;"><i>City</i></span> <span style="margin-left: 150px;"><i>Zip</i></span>			
E-mail		Father's Employment	Phone #
<b>Mother's Name</b>		Phone #	Cell Carrier Cell #
Street Address <span style="margin-left: 150px;"><i>PO Box</i></span> <span style="margin-left: 150px;"><i>City</i></span> <span style="margin-left: 150px;"><i>Zip</i></span>			
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			
<b>Infant / Toddler:</b>		5 day Full day _____	
<b>PK2:</b>	5 day Full day _____	5 day Half _____	3 day Full day _____
<b>PK3:</b>	5 day Full day _____	5 day Half _____	3 day Full day _____
<b>PK4:</b>	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	X _____ MOTHER/GUARDIAN
DATE	DATE