



LAKESIDE PRESCHOOL APPLICATION

Student Name: _____

Address: _____

City: _____ State: _____ Zip Code _____

DOB: _____ Current Age: _____ Age Next September: _____

Mother's Name: _____ Mother's Phone Number: _____

Mother's Occupation: _____ Mother's Email: _____

Father's Name: _____ Father's Phone Number: _____

Father's Occupation: _____ Father's Email: _____

Parent's Address if different: _____

Siblings- Name: _____ Gender: _____ Age: _____

Name: _____ Gender: _____ Age: _____

Name: _____ Gender: _____ Age: _____

Name: _____ Gender: _____ Age: _____

Emergency Contacts-

Name: _____ Relation: _____ Phone: _____

Name: _____ Relation: _____ Phone: _____

Doctor: _____ Phone: _____

Allergies: _____

Parent's Signature: _____

Registration fee: \$100 (non-refundable). Mail to:

**Lakeside Preschool
1501 Sunset Avenue
Rocky Mount, NC 27804**