## Lakeside Presbyterian Center for Children Waiting List Application Revised 08/11/2020 VT



PLEASE PRINT	
Child's Name	Date of Birth
Nick Name	Gender
Address	
PARENT/GUARDIAN'S INFORMATION:	PARENT/GUARDIAN'S INFORMATION:
Name	Name
Address	Address
Home Phone Number	
Cell Phone Number	
Work Phone Number	
Email	
Occupation	
How did you hear about us?  When you observed, what aspects of our Has your child attended day care or pres Where do you attend church?  □ Check here if you are interested in rece Please indicate the desired class scheen Preschool & Pre-Kindergarten - 8:30AM - Transitional Kindergarten - 8:30AM - 3:30	:30AM
<ul><li>□ 4 Days Class Only</li><li>□ 5 Days Class Only</li></ul>	□ 4 Extended Days (8:30 AM-3:30 PM) □ 4 Full Time Days (7:30 AM-6:00 PM) □ 5 Extended Days (8:30 AM-3:30 PM) □ 5 Full Time Days (7:30 AM-6:00 PM)
Desired Starting Date:	
REQUIREMENTS:	
are not allowed).	d completely potty trained by the first day of school. There are no exceptions (pull of the application. Please make check payable to Lakeside Presbyterian. Mail to: 201 Eucalyptus
Signature of Parent or Legal Guardian	Date