

Lakeside Preparatory

"Growing Young Minds"



Child's Full Name _____ Nickname (Name to be used at school) _____

Age: _____ Birthdate _____ Male _____ Female _____

Address _____

Mother _____ Occupation _____

Cell # _____ Home _____ Email _____

Father _____ Occupation _____

Cell # _____ Home _____

Members of Household & Relationship _____

Emergency Contacts

Name _____ Relationship _____ Ph _____

Name _____ Relationship _____ Ph _____

Food Allergies _____

Child's Physician _____ Ph _____

Names of others allowed to pick up child _____

Prior Preschool/Academic Experience _____

Strengths _____

Concerns _____

Additional Info _____

Julie Belk – Owner/Instructor
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**A nonrefundable \$100 deposit is due upon registration