

**LOWELL SCHOOL DISTRICT 71  
LOWELL COMMUNITY PRESCHOOL  
ENROLLMENT FORM**

**STUDENT INFORMATION**

**Full Legal Name:** \_\_\_\_\_  
First Middle Last Suffix

**Preferred First Name:** \_\_\_\_\_ **Gender:** \_\_\_\_\_ **Birthdate:** \_\_\_\_\_  
MM / DD / YY

**Preferred Phone:** \_\_\_\_\_ ☐ Cell ☐ Home **Grade:** Pre-School or Pre-Kingdergarten (circle one)

**Home Address:** \_\_\_\_\_  
Physical Address – **Not PO Box** City State Zip

**Mailing Address:** \_\_\_\_\_  
If different from Home Address City State Zip

**Place of Birth:** \_\_\_\_\_  
City State Country

**Last School Attended:** \_\_\_\_\_  
City State

**PARENT/GUARDIAN INFORMATION**

**Parent/Responsible Adult:** ☐ Mother ☐ Father ☐ Grandparent ☐ Step ☐ Foster ☐ Other \_\_\_\_\_

**Legal Name:** \_\_\_\_\_  
First Last Suffix

**Living with Student:** ☐ Yes ☐ No **Same as Student Home Address (Listed Above):** ☐ Yes ☐ No  
If no, please provide full address information below

**Home Address:** \_\_\_\_\_  
Physical Address – **Not PO Box** City State Zip

**Mailing Address:** \_\_\_\_\_  
If different from Home Address City State Zip

**Cell Phone:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_  
If different from Preferred Phone (Listed Above)

**Parent/Responsible Adult:** ☐ Mother ☐ Father ☐ Grandparent ☐ Step ☐ Foster ☐ Other \_\_\_\_\_

**Legal Name:** \_\_\_\_\_  
First Last Suffix

**Living with Student:** ☐ Yes ☐ No **Same as Student Home Address (Listed Above):** ☐ Yes ☐ No  
If no, please provide full address information below

**Home Address:** \_\_\_\_\_  
Physical Address – **Not PO Box** City State Zip

**Mailing Address:** \_\_\_\_\_  
If different from Home Address City State Zip

**Cell Phone:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_  
If different from Preferred Phone (Listed Above)

### EMERGENCY CONTACTS

**Emergency Contact:** ☐ Grandparent ☐ Aunt ☐ Uncle ☐ Family Friend ☐ Caseworker ☐ Other \_\_\_\_\_

**Legal Name:** \_\_\_\_\_  
First Last Suffix

**Home Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Emergency Contact:** ☐ Grandparent ☐ Aunt ☐ Uncle ☐ Family Friend ☐ Caseworker ☐ Other \_\_\_\_\_

**Legal Name:** \_\_\_\_\_  
First Last Suffix

**Home Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

### FAMILY MEMBERS

Please list other children living in the home with your student:

1. \_\_\_\_\_ 3. \_\_\_\_\_  
2. \_\_\_\_\_ 4. \_\_\_\_\_

### SERVICES RECEIVED

**Is your child receiving services through ECCARES?**

☐ Yes ☐ No. If yes, please list services your child is receiving and the name of service coordinator \_\_\_\_\_

### TUITION AND LATE FEES

Tuition fees are due on or before the 1st of every month. If tuition is not paid by the 10th of the month, then a \$25 late fee will be assessed on the following month's invoice. If no payment is made by the 15th, the child may not attend class until tuition payment is received. The child will lose their spot in the program if no payment is made by the 25th of the same month. Please check the box below confirming which tuition you will be responsible for. Invoices will be emailed out monthly by the 25th the month prior to the due date.

☐ Pre-K Tuition \$200 each month (Schedule T/W/Th 8am-11:30am) ☐ Preschool Tuition \$175 each month (Schedule T/W/Th 12:30pm-3pm)

**Email where you'd like to receive your monthly invoice:** \_\_\_\_\_

I agree to pay my child's tuition payments and will assume responsibility for all late fees that may be assessed by late payments.

**PARENT/GUARDIAN SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

## PERMISSIONS

**Field Trips:** I understand that transportation to all field trips will be my responsibility, as well as the care and safety of my child for the duration of the field trip. Lowell Community Preschool teachers are not responsible for the care and safety of my child while on field trips.

**Consent for Treatment:** In the event of an accident or illness requiring medical attention, I understand that the school will attempt to notify me and will call for emergency medical services in the case of an injury or illness that is too serious to be treated with standard first aid. I also realize that the Lowell Community Preschool and Lowell School District cannot be responsible for any expenses incurred in the treatment of students.

I consent to treatment, operations, or anesthetics, which may be ordered by my student's care provider or emergency medical personnel.

**PARENT/GUARDIAN SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

MM / DD / YY

**Media:** Lowell Community Preschool and Lowell School District may use your child's image in photographs or videos relating to activities, or events involving the program. If you would prefer that the Lowell Community Preschool and Lowell SD not use your child's image, you may opt out.

☐ Check here if you **do NOT** want the Lowell Community Preschool to release your child's image to be included in any public outlet outside of the district, including publications, newspapers, news outlets, magazines, websites, and/or social media relating to the Lowell Community Preschool or Lowell School District.

## MEDICAL INFORMATION

**Student's Doctor:** \_\_\_\_\_  
Name Phone

**Student's Dentist:** \_\_\_\_\_  
Name Phone

**Hospital of Choice:** \_\_\_\_\_

Please mark if your student has any of the following conditions:

**ADD/ADHD** ☐ \_\_\_\_\_

**Hearing Loss** ☐ \_\_\_\_\_

**Speech Disorder** ☐ \_\_\_\_\_

**Vision Problem** ☐ \_\_\_\_\_

**Asthma** ☐ \_\_\_\_\_ ☐ Check if Life Threatening

**Diabetes** ☐ \_\_\_\_\_ ☐ Check if Life Threatening

**Physical Impairment** ☐ \_\_\_\_\_ ☐ Check if Life Threatening

**Heart Problems** ☐ \_\_\_\_\_ ☐ Check if Life Threatening

**Seizure Disorder** ☐ \_\_\_\_\_ ☐ Check if Life Threatening

**Other** ☐ \_\_\_\_\_ ☐ Check if Life Threatening

**Allergies** ☐ \_\_\_\_\_ ☐ Check if Life Threatening

**Food Allergies** ☐ \_\_\_\_\_ ☐ Check if Life Threatening

**Is your student taking medication?** ☐ No ☐ Yes \_\_\_\_\_

### EMERGENCY SCHOOL DISMISSAL INSTRUCTIONS

On rare occasions it may be necessary to dismiss students from school early because of an emergency. If that should happen, we recognize that your normal plans for afterschool care may change. Please indicate below what your student should do in this situation. School phone lines are limited. During an emergency it may not be feasible to reach us or we may not be able to communicate emergency plans or changes to you.

**Choose one option only:**

A. ☐ My student is to follow their regular dismissal plan, as if it were the end of the school day.

B. ☐ My student is to go to the residence of another student.

Student's Name: \_\_\_\_\_ Student's Grade: \_\_\_\_\_  
First Last  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_

C. ☐ My student is to go to the residence of another responsible adult.

Adult's Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
First Last  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
MM / DD / YY

### SIGNATURE

I verify that the information in this document is true and correct to the best of my knowledge, and hereby agree to its terms and conditions.  
If it is determined that the information I have provided is false, I acknowledge that my student could be removed from the program immediately.

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

MM / DD / YY