

APPLICATION FOR ENROLLMENT

Lake Anne Nursery Kindergarten, Inc.
12021 North Shore Drive
Reston VA 20190
TEL: (703) 437-0035 FAX: (703) 437-0243

2019-2020

Child's Full Name _____ Name Called _____ Sex _____

Birth Date _____ Home Phone _____ Business Phone _____

Cell Phone _____ E-mail Address _____

Address _____ City _____ Zip _____

Other Children in Family (and ages) _____

Names of Parents (first and last) _____

Child's Preschool Experience _____

Session and Program Preferred (please check the appropriate box):

☐ AM Junior Preschool: Specify Day or Days _____

☐ PM Junior Preschool: Specify Day or Days _____

☐ AM Junior Preschool Bridge ☐ AM 4 Day ☐ PM 5 Day

☐ AM 3 Day ☐ PM 4 Day ☐ AM 5 Day

☐ PM 3 Day

Lunch Bunch: Specify Day or Days _____

APPLICATION FEE (Check Payable to: Lake Anne Nursery Kindergarten or LANK)

Junior Preschool/Preschool \$125 _____

I have received and understand LANK's policy on Application Fee refunds and credits.

Signature _____

Date _____

For Office Use Only:

Birth Certificate or Passport
Verification

*****PLEASE COMPLETE FORM ON OTHER SIDE*****

EMERGENCY CARE FORM

Name of Child _____ Birth Date _____

Address _____ Home Phone _____

Father's Employer _____ Phone _____

Mother's Employer _____ Phone _____

Persons to be contacted in an emergency if parents cannot be reached. **Emergency contacts should be in the immediate area and addresses are required.**

1. _____ _____ _____ _____	2. _____ _____ _____ _____
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Name of Doctor _____ Phone _____

Insurance Company _____ Policy Number _____

My child is allergic to the following (please be specific):

The school has permission, when I or my doctor cannot be reached, to take my child to the emergency room of a nearby hospital, and the hospital and its medical staff has my authorization to provide treatment which a doctor deems necessary for the well-being of my child.

In the event that I cannot be reached in an emergency, I understand that the judgment of the LANK staff will determine what actions, if any, should be taken to help my child.

Signature of Parent or Guardian _____ Date _____

On occasion, my child may be taken off LANK grounds in order to participate in walks and fire drills. I understand that all safety precautions will be taken and hereby give my permission. I will not hold the school liable in case of accident.

Signature of Parent or Guardian _____ Date _____

