

**LAKE ORION COMMUNITY SCHOOLS  
CERC COMMUNITY PRESCHOOL /CHILD CARE STUDENT SCHEDULE**

**Early Preschool (30mths – 48mths)**       **Preschool (48mths +)**  
 **New Family**       **Returning Family**

Child's Name: \_\_\_\_\_ Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Mother: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_ Father: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Primary Email Address: \_\_\_\_\_ Primary Phone #: \_\_\_\_\_

**LOCS District Employee?**  No  Yes If yes, what building/department do you work in?  Mother  Father \_\_\_\_\_

**School Calendar Information – As a parent/guardian of Early Childhood Program students you acknowledge and agree that you have received a copy of the Early Childhood school calendar for this program. You understand that there are times during the school year that the program and/or district as a whole will be closed. You acknowledge that this is your responsibility as the child's parent/ guardian to know when these days and times are.**

**Initial:** \_\_\_\_\_

**A yearly non-refundable registration fee is required per child. Enrollment is limited, based upon our license restrictions. I understand and agree that if InfoSnap/ Health Appraisal are not completed in the requested time, my child will be removed from the class they are registered to be in and the registration fee will not be refunded. Initial:** \_\_\_\_\_

**Topical Non-Prescription Ointments- I give permission to the Early Childhood to apply topical non-prescription ointments such as sun screen, allergy creams, antibacterial creams, rubbing alcohol and peroxide to my child if needed. \_\_\_\_Yes \_\_\_\_No**

Please indicate the preschool session in which you are enrolling your child. Child care is available Monday through Friday, 6:30 am to 6:00 pm. If child care is needed of before or after preschool or all day on Friday, fill in arrival and departure times. Current family registration fee will be charged to the Tuition Express account on file in the office. New family registration fee may be paid by check, cash or credit card.

DAY	CHILD CARE Arrival Time	PRESCHOOL/ PRE-K PROGRAM SESSION (Limit 1 preschool program option per child) AM Options: M W F or T/TH	CHILD CARE Departure Time
Monday		<input type="checkbox"/> M W F 8:30am – 11:30 am	
Tuesday		<input type="checkbox"/> T TH 8:30am – 11:30 am	
Wednesday		<input type="checkbox"/> M W F 8:30am – 11:30 am	
Thursday		<input type="checkbox"/> T TH 8:30am – 11:30 am	
Friday		<input type="checkbox"/> M W F 8:30am – 11:30 am	

This schedule begins: \_\_\_\_/\_\_\_\_/\_\_\_\_ Parent Signature: \_\_\_\_\_ Today's Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Please note: Your first monthly bill will be charged in August **BEFORE** school starts to reserve child placement in the program.  
 Class size must meet minimum enrollment requirements and placement with a particular teacher cannot be guaranteed.

Office Use: Deposit Received: \_\_\_\_\_ Amount: \_\_\_\_\_ TE Cash CC Check # \_\_\_\_\_ Employee % \_\_\_\_\_ Family % \_\_\_\_\_