

APPLICATION FOR ENROLLMENT

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

2023-2024

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 _____

AM Junior Preschool Bridge AM 5 Day

AM 4 Day PM 5 Day

PM 4 Day Full Day for 4 and 5 year olds

AM 5 Day for 3 and 4 year olds

Explore and More: Specify Day or Days _____

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

\$150 _____

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. _____

_____ |
|----------------------------|----------------------------|

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 _____