

LOCH-MEADOW

KINDERGARTEN

7400 Hampton Blvd.
Norfolk, VA 23505

Enrollment Application

- Toddler Enrichment Class** (18 months by Sept. 30th) **M/W/F** **Little Twos** (<2.5y/o by Sept. 30th) **2 days T/TH**
- Big Twos** (2.5 y/o by Sept. 30th) **2 days T/TH** **5 days**
- 3s class** (3 years old by Sept. 30th) **3 days M/W/F** **5 days**
- 4s class** (4 years old by Sept. 30th) **5 days** (9am-1:30pm)
- Kindergarten** (5 years old by Sept. 30th) **5 days** (9am-1:30pm)

Child Name _____ Nickname _____

Sex _____ DOB _____

Address _____
Street City State Zip

Primary phone number _____

Parent Primary Email _____

Allergies _____

Chronic physical problems _____

Problems with Vision Speech Hearing Please explain: _____

Medications taken daily _____

Child's doctor _____ Phone _____

Other schools attended in the past _____

Loch-Meadow Kindergarten
7400 Hampton Blvd. Norfolk, VA 23505
lochmeadowkindergarten@gmail.com
(757) 489-2008 / (757) 282-1262

Who does the child live with Mom Dad Both Siblings _____

Mother's name _____ Phone _____

Address _____

Place of Employment _____ Wk Phone _____

Father's name _____ Phone _____

Address _____

Place of Employment _____ Wk Phone _____

Two Local Emergency Contacts

Name _____ **Phone Number** _____

Address _____
Street City State Zip

Name _____ **Phone Number** _____

Address _____
Street City State Zip

Birth Certificate # _____ Place: _____ Birthdate: _____

Viewed by _____ Child Entered Care: _____ Left Care: _____

I agree to provide Loch-Meadow Kindergarten all the required documentation and information. I agree to the 10-month tuition agreement. I understand that fees and deposits are non-refundable. I understand that my child's spot will be forfeited if the first month's tuition is not paid by August 1st. If, however, it becomes necessary to withdraw my child from the program, a 30-day notice is required. I will be responsible for the month's full tuition if child is withdrawn at any time during the month. In the event LMK cannot work with my child for reasons made clear to me by the staff and Director; I understand LMK will give me notice to withdraw my child from the school. The school will notify me whenever my child becomes ill or hurt at school and if necessary, make arrangements to have the child picked up ASAP. I authorize LMK to seek immediate medical care for an injury or situation deemed critical in the event I cannot be reached, unless parents object for religious reasons. A STATE PHYSICAL FORM MUST BE ON FILE AT THE SCHOOL. Parents will be notified immediately by email or phone of any emergency situation affecting LMK.

SIGNATURE OF PARENT _____ Date _____

SIGNATURE OF ADMINISTRATOR _____ Date _____

Loch-Meadow Kindergarten
7400 Hampton Blvd. Norfolk, VA 23505
lochmeadowkindergarten@gmail.com
(757) 489-2008 / (757) 282-1262



Policy/Authorization Form

Child's Name _____

- It is the policy of the school not to apply sunscreen, insect spray, diaper ointment, hand lotions and other over the counter products unless you have given us permission to do so and have provided the product labeled with your child's name, directions for use and possible side effects.
- I will inform the school within 24 hours if my child or immediate family member comes down with a highly infectious disease to which my child may have exposed classmates. (Hepatitis, Meningitis, Streptococcal diseases, Pink Eye, Head Lice, etc).
- I understand that I must inform the school in writing if anyone other than parents or regular carpool drivers are picking up my child(ren). The school will take necessary precautions before releasing your child to any new person. We may ask for identification.

The following people are allowed to pick up my child:

NOT ALLOWED:

Signed _____

Date _____

I authorize Loch-Meadow Kindergarten to photograph my child at school. Photos may be used on display on bulletin boards within the preschool, websites, and/or other printed materials. Names are never posted with the photos.

Signed _____

Date _____