

Date Received \_\_\_\_\_

# LEARNING CENTER PRESCHOOL

A Mission of First Christian Church (Disciples of Christ)

202 E. 12<sup>th</sup> Avenue ~ Emporia, KS 66801

Preschool Phone 620-342-4632 Church Office Phone 620-342-1582



## APPLICATION FORM

Class in which you wish to enroll your child: \_\_\_\_\_ T/TH a.m. (3 year old) \_\_\_\_\_ M/W/F a.m. (4 year old)

Child's Name: \_\_\_\_\_ Preferred First Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_

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### FATHER

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

e-mail Address \_\_\_\_\_

Does the child live with his/her father? YES NO

Place of employment / hours of work: \_\_\_\_\_

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### MOTHER

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

e-mail Address \_\_\_\_\_

Does the child live with his/her mother? YES NO

Place of employment / hours of work: \_\_\_\_\_

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Names of family members currently living with the child and their ages: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What is your child's primary language? \_\_\_\_\_