

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

# LEARNING CENTER PRESCHOOL

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

## APPLICATION FORM

Class in which you wish to enroll your child: \_\_\_\_\_ T/TH a.m.      \_\_\_\_\_ M/W/F a.m.

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

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

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Father's Name: \_\_\_\_\_

Father's Address: \_\_\_\_\_

Father's Phone:      Home: \_\_\_\_\_      Cell: \_\_\_\_\_

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

Father's place of employment and hours of work: \_\_\_\_\_

Father's Work Phone: \_\_\_\_\_

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Mother's Name: \_\_\_\_\_

Mother's Address: \_\_\_\_\_

Mother's Phone:      Home: \_\_\_\_\_      Cell: \_\_\_\_\_

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

Mother's place of employment and hours of work: \_\_\_\_\_

Mother's Work Phone: \_\_\_\_\_

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

\_\_\_\_\_

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