

Lincoln Christian Church Preschool APPLICATION

TODAY'S DATE: ___/___/20__

---PLEASE PRINT LEGIBLY and IN INK---

~ PRESCHOOLER'S INFORMATION ~

Preschooler's Name: _____ *Goes By: _____
First, Middle, and... Last Name *(If different from first name.)

**SPECIFIC Name you want your Preschooler to learn to write: _____

Gender-Circle: Male or Female Date of Birth: ___/___/20__ Age as of TODAY: ___ ***Age on September 1st: ___

****(For 3-day morning class, must be potty-trained & 3yo before or on 9/1; for 4-day afternoon class, must be 4yo before or on 9/1)****

Preschooler's Home Address: _____
P.O. Box and/or Street Address City, ST Zip

Any Known Allergies: _____

~ PARENT [GUARDIAN] INFORMATION ~

[Mother's] Name: _____ [Father's] Name: _____
First and Last Name First and Last Name

Home Address: _____ Home Address: _____
Street and/or P.O. Box # Street and/or P.O. Box #

City, ST Zip City, ST Zip

Primary Phone-Circle: Cell or Home (____) _____ Primary Phone-Circle: Cell or Home (____) _____

Email: _____@_____ . _____ Email: _____@_____ . _____

Place of Employment: _____ Place of Employment: _____

Address: _____ Address: _____
Street/P.O. Box # City, ST Zip Street/P.O. Box # City, ST Zip

Work Phone Number: (____) _____ - _____ Work Phone Number: (____) _____ - _____

Work Days/Times: _____ Work Days/Times: _____
(Example: Mon.-Fri. / 8am-5pm) (Example: Mon.-Fri. / 8am-5pm)

~ OTHER LOCAL PERSON TO NOTIFY IF ABOVE CANNOT BE REACHED ~

Name: _____ Home Address: _____
First and Last Name Street and/or P.O. Box # (and City, ST, Zip)

Relationship: _____
(...to the Child, i.e. Babysitter, Friend, Relative, etc.) City, ST Zip

Primary Phone-Circle: Cell or Home (____) _____ Secondary Phone-Circle: Cell or Home (____) _____

~ PHYSICIAN TO CONTACT IF PRESCHOOLER BECOMES ILL OR INJURED ~

Physician's Name: _____ Work Number: (____) _____
First and Last Name

Hospital/Clinic: _____
Name of Hospital/Clinic Street/P.O. Box # City, ST Zip

PLEASE COMPLETELY FILL OUT BOTH SIDES

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...continued PLEASE PRINT LEGIBLY and IN INK...

~ PICK-UP INFORMATION ~

*****I authorize only the following to pick up my preschooler, unless I inform LCC otherwise.**

1.) First and Last Name: _____ Relationship: _____
Primary Phone-Circle: Cell or Home (____)____-____ Secondary Phone-Circle: Cell or Home (____)____-____

2.) First and Last Name: _____ Relationship: _____
Primary Phone-Circle: Cell or Home (____)____-____ Secondary Phone-Circle: Cell or Home (____)____-____

~ SCHOOL INFORMATION ~

What School district is your Preschooler's previously mentioned address located? Circle One:

Adams, Carroll Catholic, Central Elementary, Chester-East Lincoln, District #27, Jefferson Elementary,
New Holland-Middletown, Northwest Elementary, Washington-Monroe Elementary, West Lincoln-Broadwell,
Zion Lutheran, Other (Please Write In): _____, or Unknown

Which class do you prefer? **Please rate 1st or 2nd (or "Not Applicable") in case your 4yo is placed on a waiting list**

(For 3-day morning class, must be potty-trained & 3yo before or on 9/1; for 4-day afternoon class, must be 4yo before or on 9/1)

- ⌚ Offered for potty-trained 3&4yo: 3-Day Mon., Wed., and Fri. Mornings (8:30-11am) -- Circle as: 1st or 2nd or NA
⌚ Offered for 4&5yo going into K. the following yr.: 4-Day M.-Th. Afternoons (1-3:30pm)--Circle as: 1st or 2nd or NA

*How did you hear about LCC Preschool? Circle: Family/Friend, Flier, Social Media: _____, Other: _____

~ CHURCH INFORMATION ~

~Name of church you are a member of or attend: _____

~Do you attend regularly? Circle One: Yes or No (Your answer will not affect your application process.)

~ FINAL CHECKLIST ~

- I have filled out this application to the best of my knowledge. Initial:
- I understand in order for my preschooler to be officially enrolled, I have enclosed my Non-Refundable one-time Registration Fee. (Checks to: LCC Preschool / memo: [Preschooler]'s Registration Fee and dropped off at or mailed to LCC Preschool 204 N. McLean St., Lincoln, IL 62656 or exact cash (no change available; apologies for inconvenience) can be accepted in the Office.

Initial one:

\$75.00 Paid In Full!

or

\$25.00-1 of 3 increments with the remaining payments due by June 1st (of \$25.00) and July 1st (of \$25.00).

Date: __/__/20__

Parent/Guardian's SIGNATURE and also...

PRINTED First and Last Name Legibly

OFFICE ONLY: P/G Child \$Amt Cash/Chk # Chk Date Date Rec'd Receipt#(s) Push Date F^Info Copies/Files LXgipa

PLEASE COMPLETELY FILL OUT BOTH SIDES