

Lincoln Christian Church Preschool APPLICATION

TODAY'S DATE: ___/___/20__

- COMPLETE ALL UNDERLINED INFO LEGIBLY IN INK -

~ PRESCHOOLER'S INFORMATION ~

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

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

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

****(Student MUST be 3 or 4 years old before or on September 1st and also must be potty-trained in order to enroll in preschool)****

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 Number: (___) - ___ - ___ Work 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 IN AN EMERGENCY ~

Name: _____ Home Address: _____
First and Last Name Street and/or P.O. Box # (and directly below)

Relationship: _____
(...to the Child, i.e. Grandma, Uncle, 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 COMPLETE ALL UNDERLINED INFO LEGIBLY IN INK -

~ PICK-UP INFORMATION ~

*****I authorize ONLY the following to pick up my preschooler
(those previously mentioned are ALREADY assumed) 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, New Holland-Middletown, Northwest Elementary, Washington-Monroe Elementary, West Lincoln-Broadwell, Zion Lutheran, Unknown, or
Other (Write In): _____

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

**** (Student MUST be 3 or 4 years old before or on September 1st and also must be potty-trained in order to enroll in preschool!)****

ⓐ 3-Day Class: Mon., Wed., and Fri. Mornings (8:30 a.m. - 11:00 a.m.) -- Circle as: 1st or 2nd or NA

ⓑ 4-Day Class: M., Tu., W., and Th. Afternoons (1:00 p.m. - 3:30 p.m.) -- Circle as: 1st or 2nd or NA

~ CHURCH INFORMATION ~

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

Do you attend regularly? Circle One: Yes or No (Your church information 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 partial or full Non-Refundable one-time Registration Fee of \$75.00 total**. (Checks payable to: LCC Preschool / memo: [Preschooler]'s Registration Fee and delivered or mailed to LCC Preschool 204 N. McLean St., Lincoln, IL 62656 or **exact*** cash may be accepted in the Office. (*No change available; apologies for inconvenience.)

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).

Parent/Guardian: _____ Date: __/__/20__

SIGNATURE

PRINT

OFFICE ONLY: P/G Child \$Amt Cash/Chk # Chk date Date recd Receipt#(s) Push date F^info LXgipa Scan/file/em Dep

PLEASE COMPLETELY FILL OUT BOTH SIDES