

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 LCC's Preschool!)****

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

Any Known Allergies: _____ T-Shirt Size: _____

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

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

Work Number: (____) ____-_____

Work Number: (____) ____-_____

Work Days/Times: _____
(Example: Mon.-Fri., 8a-12p / 1p-5p)

Work Days/Times: _____
(Example: Mon.-Fri., 8a-12p / 1p-5p)

~ OTHER LOCAL PERSON TO NOTIFY IF ABOVE CANNOT BE REACHED IN AN EMERGENCY ~

Name: _____
First and Last Name

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

Relationship: _____
(...to the Child, i.e. Grandma, Uncle, etc.)

City, ST Zip
Secondary Phone-Circle: Cell or Home (____) ____-____

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

~ PHYSICIAN TO CONTACT IF PRESCHOOLER BECOMES ILL OR INJURED ~

Physician's Name: _____
First and Last Name

Work Number: (____) ____-_____

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

PLEASE COMPLETELY FILL OUT BOTH SIDES

Lincoln Christian Church Preschool APPLICATION

...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** are you applying for (check one)?

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

3-year Old Class: Mon., Wed., and Fri. Mornings (8:30 a.m. - 11:00 a.m.)

4-year Old Class (MUST be 4YO) : Mon., Wed., Th., and Fri. Mornings (8:30 a.m. - 11:00 a.m.)

~ 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** in total. (Checks payable to: LCC Preschool / memo: [Child'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 Mon.-Fri. 8a-12/1-5p (*no change available; apologies for inconvenience).

Initial one:

\$75.00 Paid In Full!

Or Payment Date: __ / __ / 20 __ CIRCLE: exact* Cash or Check # _____

\$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 Db Scan/file/em Dep

PLEASE COMPLETELY FILL OUT BOTH SIDES