

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

~ 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 # (then 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** 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