



APPLICATION FOR ADMISSION

Child's Full Name: _____ Birth Date : ____/____/____
Nickname: (if used at school) _____ Male ___ Female ___ Phone: () _____
Address: _____ Subdivision _____
street city zip

PARENT INFORMATION

MOTHER/GUARDIAN:

Name: _____
Address: _____
Home Phone: () _____
Employer: _____
Business Phone : () _____
Business Address: _____
Working Hours: _____
Church Affiliation: _____
O.S.L.C. Member s Yes ___ No ___

FATHER/GUARDIAN:

Name: _____
Address: _____
Home Phone: _____
Employer: _____
Business Phone: () _____
Business Address: _____
Working Hours: _____
Church Affiliation: _____

Marital Status : ___ Married ___ Separated ___ Divorced ___ Other

Child's Baptismal Date: _____
Child's Physician: _____ Phone: () _____
Address: _____
Child's Dentist: _____ Phone: () _____
Address: _____

Physical, emotional, or medical needs of the child (including allergies):

Other children in the family:

Table with 6 columns: Name, Age, Birth Date, Name, Age, Birth Date. Includes blank lines for entry.

Program Choice:

Form with two columns of program options: 2 DAY - Tues/Thurs, 3 DAY - Mon/Wed/Fri, 4 DAY - Mon/Tues/Wed/Thurs, Learning Through Literature - Friday Only, P.D.O. - One day only, P.D.O. - Two days.

Completion of this form conveys a request for admission to The Children's Center for the program selected above. A \$75.00 non-refundable registration fee must accompany this form, along with the bottom portion of the tuition agreement. Upon receipt of the forms and deposit of your registration fee, your child is pre-registered. If we are unable to accommodate your child in your class choice, you will have the option of signing up for another class.

Signature of parent/guardian: _____ Date: _____

***OFFICE USE ***

Date Received: ____/____/____ Fee paid: _____ Class Schedule: _____
Date of Admission: ____/____/____ Check #: _____ Date of Discharge: _____