

Application



Child's Full Name: _____ M/F **Birth Date** ____ / ____ / ____

Grade/Class (Sept. 2020) _____ Date Form Completed: ____ / ____ / ____

Primary Address: Street _____

Town _____ State _____ Zip _____

Father's/Guardian's Full Name: _____

Home Address: *Please check if same as primary* _____

Street _____

Town _____ State _____ Zip _____

Place of Employment: _____

Home Email: _____ Work Email: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Mother's/Guardian's Full Name: _____

Home Address: *Please check if same as primary* _____

Street _____

Town _____ State _____ Zip _____

Place of Employment: _____

Home Email: _____ Work Email: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Emergency Contact's Full Name: _____

(**NOT** Parent/Guardian)

Relationship: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Please Complete Other Side

FOR OFFICE USE ONLY

Reg. Fee: : _____

Date: _____

Check #: _____

Application



Child's Name: _____ Date Form Completed: _____

Please check the days your child will attend our programs:

Toddler & Full-Day Preschool Programs (*)	M	T	W	TH	F
Toddler Class (8:00 am—5:00pm) (Ages 1 to 2 years old) <u>CLOSED for 20-21</u>					
Toddler Class (8:00 am—5:00pm) (Ages 2 to 3 years old)					
Preschool Class (8:00 am—5:00pm) (Ages 3 to 4 years old)					
Pre-K Class (8:00 am—5:00pm) (Ages 4 to 5 years old)					

(*) — Age cut off for classroom placement is based upon October 15, 2020

School Age Care Program (grades K through 5th)	M	T	W	TH	F
Afternoon ONLY (noon to 5:00 PM)					

Please indicate if your child will need financial assistance.

My family will be applying for the ASPIRE and/or Childcare Subsidy programs through DHHS:

Yes _____ No _____

My family would like to be considered for scholarships from First Lutheran Children's Programs:

Yes _____ No _____

Please note that all financial aid spots (both FLCP & State funded) for the 2020-2021 program year are already full.

Please Complete Other Side