

Application



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

Grade/Class (as of September) _____ Date Form Completed: _____ / _____ / _____

Primary Address: Street _____

Town _____ State _____ Zip _____

Custodial Parent's/Guardian's Full Name: _____

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

Street _____

Town _____ State _____ Zip _____

Place of Employment: _____

Email Address: _____

Cell Phone: _____ Work Phone: _____

Second Parent's/Guardian's Full Name: _____

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

Street _____

Town _____ State _____ Zip _____

Place of Employment: _____

Email Address: _____

Cell Phone: _____ Work Phone: _____

Emergency Contact's Full Name: _____
(**NOT** Parent/Guardian)

Relationship: _____

Cell Phone: _____ Second 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 (Ages 1 to 2 years old)					
Toddler Class (Ages 2 to 3 years old)					
Preschool Class (Ages 3 to 4 years old)					
Pre-K Class (Ages 4 to 5 years old)					

(*) Age cut off for classroom placement is based upon October 15 of current program yr.

School Age Care Program (grades K through 5th)	M	T	W	TH	F
Before School					
After School					

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 we have limited financial aid slots (both FLCP & State funded). Some may be filled by current families.

Please Complete Other Side