Application

First Lutheran Children's Programs

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

First Lutheran Children's Programs

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 subsidized childcare through one of the State of Maine's programs (ASPIRE, Child Care Affordability Program (CCAP) or Transitional Childcare).
Yes _____ No _____

We do not qualify for the state programs, but would like to be considered for a partial scholarship 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.

(*) — proof of ineligibility in the state programs must be provided