

LCCC CHILDREN'S LEARNING CENTER Application 2018-2019

Student Fall Spring Summer LCCC Partnership _____

Staff Semester Full Year **Community** *First Day at Center-* _____

Child's Name _____

Last

First

Nickname

Date of Birth ____ / ____ / ____
Month Day Year

Age ____

Male or Female

Parent/Legal Guardian #1	Parent/Legal Guardian #2
Name-	Name-
Address, City and Zip Code	Address, City and Zip Code
Phone (while your child is in care)-	Phone (while your child is in care)-
E-mail-	E-mail-
LCCC Student #-	LCCC Student #-

Which parent should we call first? Parent/Legal Guardian #1 Parent/ Legal Guardian #2

Child lives with Both Parents Parent #1 Parent #2 Legal Guardian

Custody Papers No Yes (if yes, a copy must be provided)

Name and ages of siblings: _____

Public School District you reside in: _____

ALL PERSON(S) AUTHORIZED TO VISIT AND/OR PICK UP YOUR CHILD (including parents/guardians):

CLC Staff Use Only

Toddler I Toddler II Pre I Pre II S/A (summer only)

Enrolled _____ Waitlist _____

Excels *Master*