



Date of Application _____ Child's Name: _____ Birthdate: _____

Morning Preschool 8:00-11:00 AM _____ All Day Child Care 7:30AM-5:00 PM _____

Father: _____ Phone: _____ Email: _____

Address: _____ City: _____ Zip: _____

Business: _____ Phone: _____

Hours of Work: _____

Mother: _____ Phone: _____ Email: _____

Address: _____ City: _____ Zip: _____

Business: _____ Phone: _____

Hours of Work: _____

List Persons who are authorized to call about & pick up your child:

1. _____ Phone: _____

2. _____ Phone: _____

In Case of Emergency who can be contacted if parents are unreachable.

1. _____ Phone: _____

Address: _____ Relationship to Child _____

2. _____ Phone: _____

Address: _____ Relationship to Child _____

I give my permission to The Learning Cross Preschool staff to take my child to a physician in the event of an emergency when the above listed can not be reached.

I understand that I am responsible to pay for all times which I am registered whether or not my child is present at The Learning Cross Preschool, Covering the entire term for which I have enrolled.

Signature _____ Date _____