



2020-2021 CLC APPLICATION
PRESTONWOOD CHRISTIAN LEARNING CENTER

Child's Name: Last First Middle Preferred Name

Home Phone: Gender: Date of Birth: Age: (At time of registration)

Address: Street City Zip Code

Mother's Email: Father's Email:

Mother's Name: Driver License Number:

Business Phone Number: Cell Phone Number:

Father's Name: Driver License Number:

Business Phone Number: Cell Phone Number:

Child resides with: Mother Father Other:

Mother/Father Address (If different from child's address):

Church Membership:

Siblings in Program: Name Date of Birth Name Date of Birth

REQUIRED- Emergency Contact Person

The following contact is authorized for said child to be released to or called in the event of an emergency when parents cannot be reached. This person MUST have a local address.

Name: Address:

Phone Number: Relationship: DL/ID:

Yes, I give permission for this person to be an Authorized Pick up Person. Initials

OPTIONAL- Authorized Pick up Person

I hereby authorize the Christian Learning Center to allow my child to leave the facility ONLY with the following persons. Children will only be released to a parent/guardian or a person designated by the parent/guardian after verification of ID.

Name: Phone Number: DL/ID: Relationship:

Name: Phone Number: DL/ID: Relationship:

I acknowledge that the above information is true and correct to the best of my knowledge. I also understand that I must inform the CLC Office in writing of any changes to the above information as soon as it changes.

Signature of Parent/Guardian: Date of Signature:

**CLC Office use only

Class Registration Fee: Check # Date of Admission: Date of Withdrawal:

Tuesday Thursday Perm WL