



2025-2026 CLC APPLICATION
PRESTONWOOD CHRISTIAN LEARNING CENTER

24/25 Class:
OFFICE USE ONLY

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):

Are you a member of a church? YES / NO 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:

(Initials) I give permission for this person to be an Authorized Pick-up Person.

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:

Tuesday Thursday
Perm Perm
WL WL