



**Christian**  
LEARNING CENTER

**2024-2025 CLC APPLICATION**  
**PRESTONWOOD CHRISTIAN LEARNING CENTER**

23/24 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: \_\_\_\_\_

☐ 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: \_\_\_\_\_

<b><u>Tuesday</u></b>	<b><u>Thursday</u></b>
Perm _____	Perm _____
WL _____	WL _____