



2026-2027

2026-2027 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): _____

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

In the event of an emergency when parents cannot be reached, CLC will call the following contact. Parents also authorize CLC to release Child to the following contact. 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 CLC to allow my child to leave the facility ONLY with the following persons.
Children will only be released to a parent/guardian or an authorized pick-up person 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 _____