

Please print clearly or type information.

Applying for:

- School Year (August-May)
- □ Applying for Summer School _____

Child's Name

Last	First	Middle
Preferred name		
Gender:	FemaleMa	ale
	olicant: <u>/</u>	
	Place of birth:	
Home/Mailing Addr	ess:	
Street	Suite or Apt. #	
City	State	Zip
	State	
Home Phone:		
Email address:		
Current School an	d Experience	
Child lives with	Both parents	Mother
child lives with	Father	
	reschool for the foll (minimum 2 days)	owing days:
Who recommended t	he Children's Learnin	g Center?
Has your child be	en in group activitie	s (i.e.
	School, Daycare, etc.	
	0 non-refundable appl	
	le to Children's Lea ith completed applica	
Mother/Guardian (CION FORM.
Signature:		ate:
Father/Guardian (
Signature:		ite:
Please check all	that apply:	
SSU Alumni		SU Staff
SSU Studer	nt0D	JFS Funded

Pell Grant Recipient

Application for Admission

Family Information:

Father's (or Guardian's) Name:

Last			First				
Address address)	(if	different	from	applicant's	home		
Street		City		State	Zip		
<u>Occupatio</u>							
Employer'	s Add	ress:					
Street		City		State	Zip		
Business	Phone	Cell:					
Mother's	(or G	uardian's) N	Name:				
Last			First				
Address address)	(if	different	from	applicant's	home		
Street		City		State	Zip		
<u>Occupatic</u>	on:	Employer:					
Employer'	s Add	ress:					
Street		City		State	Zip		
Business	Phone:Cell: ess Phone: Address:						
		No s	ibling	sister(s			
Age(s) of Age(s) of	brot sist	her(s) er(s)					
Family M Center:				hildren's Le	earning		
Name		Relation	1	Year			
My child	is to	ilet trained	d:	Yes	_ No		
I wish	to ha	ve my chil	.d atte	end the Chil	ldren's		
Learning	Cente	r because: _					