## APPLICATION FOR 2017-2018 SCHOOL YEAR ALL GOD'S CHILDREN EARLY LEARNING CENTER

	Preferred Name Sex M// F//		
Date of Birth	Home Phone CityZip		
Home Address	Ci	ty	Zip
E-mail address			
Father's Name	Occupation	Work H	ours
Work Phone	<del>-</del>		
Mother's Name	Occupation	Work 1	Hours
Work Phone			
Work I none	cen i none		
Parent's Marital Status: Single / /	Married / /	Separated / /	Divorced / /
Other children in family:			
Name	Birthdate_		
Name			
Name			
Name			
Parent's Church Affiliation			
3-4 Year Old You will be notified by mail of your	Class \$100 (\$90 for child's admittance.	or Lutheran Chur	ch Members)
Please check all that apply:  My child is a returning I am a member of the My child is a previous My child is the sibling Our family will be new My child is potty-train My child is not yet potty before September 1, 2 Center.	Lutheran Church of ly enrolled student of a currently enrolled of a previously enrolled to the program.  ed ety-trained. I understa	Mahomet  led student blled student  and that my child	
Applying for:			
T-Th 3 year old class Mor M–W-F Pre-K class Mor	rningsAf	ternoons ternoons	
Signature of Parent:			Date: