

# APPLICATION FORM

Date Received: \_\_\_\_\_

Payment: \_\_\_\_\_



Clear Fork Christian Preschool & Learning Center  
12 Cleveland Street  
Butler, Ohio 44822  
(419) 565-2309  
ClearForkChristianPreschool@yahoo.com  
www.CFCPreschool.org

**\*Please enclose nonrefundable registration fee with application and mail to address above\***

Child's Name \_\_\_\_\_

## Latchkey Program

*Kindergarten - 5th Grade*

Before School- (6:30a - 7:45a)- \$10/day    After- School- (2:50p - 6:00p)- \$18/day

\$23/day for Before and After School

**Registration Fee: \$25**

Monday

Tuesday

Wednesday

Thursday

Friday

*Please Circle your choices and days*

Sex  M or  F    Age (as of 8/1/24) \_\_\_\_\_ Date of Birth \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Mom Phone # \_\_\_\_\_ Text?    Yes     No

Dad Phone # \_\_\_\_\_ Text?    Yes     No

Email Address \_\_\_\_\_

Mother's Name \_\_\_\_\_ Occupation \_\_\_\_\_

Employer \_\_\_\_\_ Business # \_\_\_\_\_

Father's Name \_\_\_\_\_ Occupation \_\_\_\_\_

Employer \_\_\_\_\_ Business # \_\_\_\_\_

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Child's Name \_\_\_\_\_

Person(s) with legal custody of child \_\_\_\_\_

Relationship to child \_\_\_\_\_

Other people in household (indicate relationship to child):

Name	Relationship	Age
1. _____		
2. _____		
3. _____		
4. _____		

Does your family attend church? If so, what church?

\_\_\_\_\_

Does your child have special health needs?

Allergies? \_\_\_\_\_ Injuries? \_\_\_\_\_

Illnesses? \_\_\_\_\_ Fears? \_\_\_\_\_

Any suspected delays in the following areas: (check any that apply)

- Speech       Vision       Hearing       Motor Skills   
Self-help Skills       Behavioral Functioning       Cognitive Skills

Does your child use a nickname? If so, what is it? \_\_\_\_\_

What do you feel may be special needs/or any other information we should know:

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Other than parents, please list 4 people who can be contacted in case of an emergency and who are authorized to pick your child up from CFCEP&LC.

(Director needs a written notice from parent if this information changes at any time)

Name	Relationship	Phone
1. _____		
2. _____		
3. _____		
4. _____		

I give my permission for my child's name, address, and telephone number to appear on a class roster to be given to each parent. This roster will be given only to parents and staff members.

Yes

No

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

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**Latchkey Program (Preschool – 5<sup>th</sup> grade)**

- Children can be dropped off at 6:30a and will be taken up to Butler Elementary by a Childcare Staff Member at 7:45a.
- Breakfast for children will be served from 6:30a – 7:30a.
- Afternoon Preschool class may stay for After School care (drop off at 12:00p for Preschool and may stay until 6:00p for an additional \$18/day)
- Students will be met by Childcare Staff at Butler School at 2:55p and will be walked down to CFCEP&LC for after school care
- Students will be given an after-school snack provided by Learning Center
- Students must be picked up by 6:00p