



Application for Preschool Admission

Enrollment Date _____

Desired Program
Half Day: 8:30-11:30 September-May ONLY
 ___ 2 year old Traditional Half Day T/TH
 ___ 3 year old Traditional Half Day M/W
 ___ 3 year old Traditional Half Day T/TH
 ___ 4 year old Traditional Half Day M/W/F

All Day: Please circle preferred schedule:
 (3 day, 4 day, 5 day)
 ___ 2 year old ALL DAY M T W TH F
 ___ 3 year old ALL DAY M T W TH F
 ___ 4 year old ALL DAY M T W TH F
 ___ Summer ___ School Year

*Please complete entire form and return to the CEC office. **Attach the non-refundable \$20 application fee.** Paying the supply fee secures your child's spot in the program and is due once your application is approved.*

Child's name _____
First M/I Last

Date of Birth _____ **Place of Birth** _____ **Gender:** _____
Month Day Year City/State

Present Age _____ **Preferred Name** _____

Address _____
Number and Street City Zip

Person to be billed _____
Name Address City Zip

Billing Email Address: _____

Father's Name _____

Address _____
(If other than above)

City _____ **Zip** _____

Home Phone _____ **Cell** _____

Email _____

Employer/Occupation _____

Mother's Name _____

Address _____
(If other than above)

City _____ **Zip** _____

Home Phone _____ **Cell** _____

Email _____

Employer/Occupation _____

Does the child stay with a caregiver during the day? _____
If yes, please list caregiver(s) names, addresses and phone contact: _____

Please include names of individuals who have permission to pick up your child from Main Street CEC:

Main Street CEC has my permission to include my name, address and phone number in a student directory. ____Initial here

Main Street CEC has my permission to take photographs of my child during school hours. ____Initial here

Main Street CEC has my permission to take my child out of the fenced in play area during outdoor play times. ____Initial here

Family

Does the child live with both parents? _____ If not, what is the custody arrangement? _____

Please list a few words that describe your child: _____

Please list names and ages of siblings: _____

Church involvement

Why do you desire to enroll your child in Main Street Christian Education Center? _____

Does the child's family attend church on a weekly basis? _____ Church Name _____

Medical information

Child's Pediatrician _____ Phone _____

Insurance Company _____ Phone Number _____

Policy # _____ Group# _____

Name of Insurance Holder _____ Hospital/Clinic Preference: _____

Does child take medicine on a regular basis? _____ if yes, Name of medication _____

For what purpose? _____

Any medical restrictions we should be aware of? _____

Be specific _____

Childhood diseases _____

Emergency contact: (if we are unable to contact a parent we will use this contact)

In case of emergency contact: _____ (**please list someone other than parent**)

Relationship to child _____ Phone _____

_____ Main Street CEC has my permission to seek emergency medical assistance for my child.

Parent/Guardian Signature

Date

Medical Release Form

Please complete the following information for your child.

Child's Name: _____

Hospital/Clinic Preference: _____

_____ Main Street CEC has my permission to seek emergency medical assistance for my child.

Parent/Guardian Signature

Date

For Official Use Only

- Fee enclosed: _____
- Cash or Check # _____
- Date Rec'd: _____
- Application Approved

Administrator _____