



Early Childhood Education Application

Child's Last Name: _____ First Name: _____ M.I. _____

Nickname: _____ Birth Date: ___/___/___ Gender: _____

Child LRBOI Member: Yes/Descendent/No Requested Start Date: _____

Family Information:

Parent/Guardian:

Last Name: _____ First: _____

Address _____

Occupation: _____ Employer: _____

Primary Phone No. (____) _____ Secondary (Work) Phone No. _____

Email Address: _____

Parent/Guardian:

Last Name: _____ First: _____

Address _____

Occupation: _____ Employer: _____

Primary Phone No. (____) _____ Secondary (Work) Phone No. _____

Email Address: _____

Household Annual income: _____

Child's Information:

Child Currently Lives with: _____

Sibling Name(s)/ages: _____

No. Of Adults living in household _____

Does your child currently have an IFSP/IEP or is currently receiving services for special needs/ accommodations? Yes/No If yes, please explain: _____

Do you have any concerns about your child's development? _____

Primary Language Spoken at Home: _____

Will child need transportation to/from your local public school? Yes/No (applies for only K-12 year olds)

Days of Care	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Drop Off and Pick Up Times							

Signature _____ Date: _____