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

Latchkey Program

Kindergarten - 5th Grade

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

$25/day for Before and After School

Registration Fee: $25

Monday

Tuesday

Wednesday

Thursday

Friday *Please Circle your choices and days*

Child's Name _____

Sex ☐ M or ☐ F Age (as of 8/1/25) _____ 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 # _____

APPLICATION FORM

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? _____

APPLICATION FORM

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

_____

_____

_____

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 CFCP&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

- - - -