



STUDENT APPLICATION

Student's Name _____
Last First Middle

Age _____ Birth Date _____ Birthplace _____

Address _____ Phone # _____

Cell # _____

Email Address _____

PARENT INFORMATION:

Father's Name _____ Mother's Name _____

Occupation _____ Occupation _____

Employer _____ Employer _____

Work Phone Number _____ Work Phone Number _____

Please check if applicable: Widower ☐
Separated ☐ Divorced ☐ Remarried ☐

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Separated ☐ Divorced ☐ Remarried ☐

Education: HS ☐ College ☐ Post ☐

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EMERGENCY CONTACT: (List two persons authorized to care for your child in your absence.)

1) Name _____ Address _____ Phone _____

2) Name _____ Address _____ Phone _____

Family Physician _____ Phone _____

In case of emergency, I would like my child taken to _____ Hospital.

General Health: (Food allergies or other) _____

FAMILY INFORMATION:

Other Children in Home:

Name: _____ Birth Date _____ Name: _____ Birth Date _____

Name: _____ Birth Date _____ Name: _____ Birth Date _____

OTHER INFORMATION:

In order to better meet the needs of your child, please check any of the following that apply:

- | | | |
|---|--|---|
| <input type="checkbox"/> Adopted | <input type="checkbox"/> Emotional problems | <input type="checkbox"/> Speech difficulties |
| <input type="checkbox"/> Visual difficulties | <input type="checkbox"/> Specific fears | <input type="checkbox"/> Hearing loss |
| <input type="checkbox"/> Invalidism in the home | <input type="checkbox"/> Serious illness in home | <input type="checkbox"/> Other than immediate family residing in the home |

Does your child get along with members of the family and other children? Please comment:

Please give additional information that would help us better understand your child (ie. likes, dislikes, favorite activities, habits etc):

Family Church

Name

Pastor's Name

CLASS SESSIONS: (Please circle the session which is applicable)

Session 1	M – F	12:30am- 3:00pm (2 ½ hr)	Kindergarten Readiness Program
Session 2	M/W/F	9:00am-12:00pm (3 hr)	4/5 year old Program
Session 3	M/W/F	12:30pm- 3:00pm (2 ½ hr)	4/5 year old Program
Session 4	T/TH	9:00am-11:30am (2 ½ hr)	3 year old Program
Session 5	T/TH*	12:30pm – 3:00pm (2 ½ hr)	4/5 year old Program

(*This session is only open if availability exists due to vacancies in our 5-day Kindergarten Readiness Program. Please inquire as to the status of this session before applying.)

ALL STUDENTS SHOULD BE OF ENROLLMENT AGE BY SEPTEMBER 1, 2021

Parent/Guardian Signature _____ Date _____

Official Use

Date Received _____ Registration Fee Received _____

Class Session _____ Follow up _____

When completed, please drop off at or mail to...
Little Lights Learning Center - 10 Hollenbush Lane, Orwigsburg PA 17961