

LUCY DANIELS CENTER FOR EARLY CHILDHOOD  
CHILD ENRICHMENT PROGRAM (CEP)



APPLICATION 2010 – 2011

Preschool 2's T-Th \_\_\_\_\_ Preschool 3's M-W-F \_\_\_\_\_ Preschool 4's M-F \_\_\_\_\_

Child's Name \_\_\_\_\_ Birth Date \_\_\_\_\_  
Last First Middle

Gender \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Mom \_\_\_\_\_ Cell Dad \_\_\_\_\_

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

E-mail address: \_\_\_\_\_

Preschools Currently/ Previously Attended: \_\_\_\_\_

Number of Years @ LDC for Family including siblings: \_\_\_\_\_

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

Does your child have any specific fears? \_\_\_\_\_

Has your child ever been evaluated for special services? (Occupational Therapy, Physical Therapy, Speech, etc.) \_\_\_\_\_

Language spoken by child: \_\_\_\_\_ By parents: \_\_\_\_\_

Sibling names & date(s) of birth: \_\_\_\_\_

**Parent/ Guardian Information:**

**Mother/ Guardian** \_\_\_\_\_ Home Phone \_\_\_\_\_

Address \_\_\_\_\_

Occupation \_\_\_\_\_ Work Phone \_\_\_\_\_

Place of Employment \_\_\_\_\_

**Father/ Guardian** \_\_\_\_\_ Home Phone \_\_\_\_\_

Address \_\_\_\_\_

Occupation \_\_\_\_\_ Work Phone \_\_\_\_\_

Place of Employment \_\_\_\_\_

**Parent Signature** \_\_\_\_\_ **Application Date** \_\_\_\_\_ **Start Date** \_\_\_\_\_

**For LDC use only: \$100 Non-Refundable Application Fee**

Date Received: \_\_\_\_\_ Check # \_\_\_\_\_