



**CHILD ENRICHMENT PROGRAM (CEP)
APPLICATION 2012 – 2013**

Preschool 2's T-TH _____ Preschool 3's M-W-F _____ Preschool 4's M-F _____ Trans-K 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** _____

How did you hear about the CEP? _____

For LDC use only: \$100 Non-Refundable Application Fee Date Received: _____ Check # _____
Completed developmental questionnaire & and interview with Education Director are prerequisite to enrollment.