

**ALLERGIES:**☐ My Child Does Have Allergies

Parents MUST complete the food/allergy alert

Office Use Only

Date Received ____ / ____ / ____

Accepted ☐Declined ☐

Name Last Middle First Nickname
Boy ☐ Girl ☐ Birth-date: ____ / ____ / ____ LHLC Site: Mars Zelenople Either

Parent/Guardian Information:

Name: _____

Name: _____

Relationship to child _____

Relationship to child _____

Home Address _____

Home Address _____

City, State Zip _____

City, State Zip _____

Home Phone (____) _____

Home Phone (____) _____

Cellular Phone (____) _____

Cellular Phone (____) _____

E-Mail _____

E-Mail _____

Occupation _____

Occupation _____

Employer _____

Employer _____

Business Address _____

Business Address _____

City, State, Zip _____

City, State, Zip _____

Business Phone (____) _____

Business Phone (____) _____

Please Circle: Married Divorced Remarried Widowed Other _____

Please explain the family pattern if the child does not live with both biological parents in one household.

You may include information about adoption, foster care, guardianship, etc. If the child is adopted is he/she aware of the adoption?

Does your child currently have an IEP/IFSP or developmental conditions that our early educators should be aware of to provide the best care and education possible:

No / Yes : Please provide details _____

Please check the days of the week and then program you are applying for:☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday☐ Full Day Child Care (Infant – KPrep)☐ Heart of the House (9-3pm)☐ ½ Day Preschool (9-12)☐ Before and After School Care☐ Before OR After School Care☐ Before and After Kindergarten☐ After Kindergarten ONLY***Check only those that apply:***☐ First opening possible☐ June 20__ (Summer)☐ August 20__ (Fall)☐ Other _____***How did you hear about us???***

Referred By: _____

☐ Internet Search☐ Print Advertising

Other: _____

Flex-Time ☐ Varying Days and times: Call for availability