



Messiah Lutheran Early Learning Center
1335 Francis Street
Longmont, CO 80501
303-776-3466
www.mlcslongmont.org



STUDENT APPLICATION

PLEASE INDICATE CLASS FOR 2020-2021 SCHOOL YEAR:

2 ½ - 3-year-old class _____ 4-year-old class _____ Jr. Kindergarten _____

PLEASE INDICATE DAYS OF WEEK

(Please note days will remain the same for the entire school year)

Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday _____

STUDENT INFORMATION

Full Name: _____ Gender: MALE OR FEMALE
(Last Name) (First Name) (Middle Name)

Birth Date: _____
(mm/dd/year)

Ethnic Origin: African American _____ Asian _____ Caucasian _____

Hispanic _____ Native American _____ Other _____

Public School District: _____ Home Public School: _____

PARENT & FAMILY INFORMATION

Mailing Address: _____

(City) (State) (Zip Code)

Father's Full Name: _____ Mother's Full Name: _____

Address: _____ Address: _____

Home Phone #: _____ Home Phone #: _____

E-mail: _____ E-mail: _____

Cell #: _____ Cell #: _____

Occupation: _____ Occupation: _____

Work Phone #: _____ Work Phone #: _____

Work Address: _____ Work Address: _____

Marital Status: _____ Marital Status: _____

Church Membership: _____ Church Membership: _____

STUDENT AND FAMILY INFORMATION

Please share names and ages of other children in your family: _____

If child is living with someone other than parents, please complete:

Name: _____

Address: _____

Relationship: _____ Church Membership: _____

Are there any court ordered rulings regarding custody, visitation or financial responsibility of which we should be aware?
YES OR NO (If yes, current documentation is to be kept in the school office).

In order to help us better understand your child, please list any special needs your child might have as well as any special educational testing that has been completed. All information is held in the strictest confidence:

By completing the application, I, the parent(s)/guardian(s) pledge our support of the program of Christian education provided by Messiah Lutheran Early Learning Center. We also accept our financial obligation of tuition and fees. I give Messiah Lutheran Early Learning Center the right to contact previous schools for any information which may be needed.

Signature of Father

Signature of Mother

Date

The non-refundable registration fee is to be paid with this application for admission.

Date App. Received _____ Reg. Fee _____ Birth Certificate: _____ Immunization Records: _____