

Liverpool Christian Preschool Application Form

Child's Full Name _____ Gender **M** **F**
Nickname _____ Date of Birth _____
Home Address _____
Siblings _____

Mother or Guardian's Information
Name _____
Address _____
City/State _____
Zip Code _____
Home Phone _____
Work Phone _____
Cell Phone _____
Email _____
Work Address _____

Father or Guardian's Information
Name _____
Address _____
City/State _____
Zip Code _____
Home Phone _____
Work Phone _____
Cell Phone _____
Email _____
Work Address _____

How did you hear about our school? _____

What expectations do you have for your child from his/her preschool experience? _____

Does your child have any special interests or hobbies? _____

Does your child have any specific needs of which our staff should be advised? _____

Does your child have any allergies? If so, what are they? _____

In which program do you wish to enroll your child?

- Fun Steps** **Mondays & Tuesdays from 9-11a**
- Fun Steps** **Wednesdays & Thursdays from 9-11a**
(as enrollment dictates)
- First Steps** **Tues & Thurs from 9-11:30a**
- First Steps** **Tues & Thurs from 12:30-3p**
(as enrollment dictates)
- Big Steps (Pre-K)** **Mon, Wed, Fri from 9-11:30a**
- Big Steps (Pre-K)** **Mon, Wed, Fri from 12:30-3p**
(as enrollment dictates)
- Full Steps** **Mon. through Fri from 12:30-3p**
(4's & 5's only) (as enrollment dictates)

Please return your completed application with a \$40.00 application fee to :

**Liverpool Christian Preschool
800 4th St.
Liverpool, NY 13088**

**If you have any questions or would like to speak to someone about
our programs, please call Miss Judy @ 457-3934
or 530-5387**