



WAITING LIST APPLICATION

ST. LUCAS EARLY CHILDHOOD CENTER

Child's Name: _____ Sex: Male ___ Female ___
(Last Name) (First Name) (Middle Name)

Goes By: _____ Child's Address: _____

City: _____ State: _____ Zip: _____ Birthday/Due date: _____

Home Church Attending _____ Baptismal Date (month/day/year) _____

Parents' Marital Status: Married ___ Separated ___ Divorced ___ Widowed ___ Single ___ Email Address _____

Desired Start Date: _____ Circle Days to Attend: Mon. Tues. Wed. Thurs. Fri.

Approx. arrival time: _____ Approx. departure time: _____ School District _____ email _____

Parent/Guardian Information:

Parent/Guardian: _____
(Last Name) (First Name) (Initial)

Relationship to Child: _____

Address: _____ City/State/Zip: _____ Home Phone #: _____

Cell Phone #: _____ Occupation _____

Employer or School Attending: _____ Work Phone #: _____ Extension #: _____

Work or School Address: _____ City/State/Zip: _____ Work Hours: _____

Parent/Guardian: _____
(Last Name) (First Name) (Initial)

Relationship to Child: _____

Address: _____ City/State/Zip: _____ Home Phone #: _____

Cell Phone #: _____ Occupation _____

Employer or School Attending: _____ Work Phone #: _____ Extension #: _____

Work or School Address: _____ City/State/Zip: _____ Work Hours: _____