

Early Learning Center of Central Illinois Application/Record of Child Information

Child's Full Name: _____ Birth Date: _____

Address: _____ Home Phone: (____) _____

City: _____ State: _____ Zip Code: _____

Nickname: _____ Sex: Female / Male

Mother's Full Name: _____ Home Phone: (____) _____

Address: _____ Cellular Phone: (____) _____

City: _____ State: _____ Zip Code: _____

Occupation: _____ Social Security Number _____

Name of Employer: _____ Work Phone: (____) _____ ext. _____

Business Address: _____ City: _____

Work Hours: _____

Father's Full Name: _____ Home Phone: (____) _____

Address: _____ Cellular Phone: _____

City: _____ State: _____ Zip Code: _____

Occupation: _____ Social Security Number _____

Name of Employer: _____ Work Phone: (____) _____ ext. _____

Business Address: _____ City: _____

Work Hours: _____

Parent/Guardian with legal custody _____

Parents are: Married ___ Living Together ___ Divorced ___ Separated ___ Widowed ___ Single

Other Household Members: (Names, Ages, Relationships)
