

PRESCHOOL STUDENT APPLICATION

FOR OFFICE USE ONLY

Date rec'd _____

Cash/Check # _____

Rec'd by (Initial) _____

FACTS confirmed _____

Testing date _____

Actual start date _____

LIBERTY CHRISTIAN ACADEMY

10447 Refugee Road, Pataskala, Ohio 43062

Phone 740-964-2211 Fax 740-964-2311

Name: First _____ Middle _____ Last _____ Gender _____

Date of Birth _____ Birthplace _____ PK3 __ PK4 __

Address _____ Zip _____

Home Phone _____ Child lives with: Father _____ Mother _____ Both _____

Public School District student resides in _____

Name(s) and Grade(s) of siblings currently enrolled at Liberty _____

Date you plan to begin at Liberty _____

Church attending or preference _____

Church Address _____

Pastor's Name _____

Family Information: Parent's M S D Person responsible for account _____

E-mail address for school communication: _____

Billing Mailing Address _____ Zip _____

Father's Name _____ Cell # _____

Father's Employment _____ Work # _____

Mother's Name _____ Cell # _____

Mother's Employment _____ Work # _____

Guardian (if applicable) _____

Home Phone _____ Cell # _____ Work # _____

Emergency Contact _____

(other than parent)

Home Phone _____ Cell # _____ Work # _____