



C.I.E.W.S. APPLICATION for ADMISSION



Please list class preference:
 (we will try to accommodate your wishes)

- 1.)
- 2.)
- 3.)

FOR OFFICE USE ONLY

Received:
 Date: _____ Time: _____
 CLC _____ CLEWS _____ NEW _____
 "Just 3" _____ 3's _____ 4's _____
 Date & Confirmed with: _____
 Registration
 Ck# _____ Cash _____

Child's Name _____ Nickname _____ Date of Birth _____

Present Home Address _____ Place of Birth _____

Town _____ Zip _____ email address _____

Home Telephone _____

List other children in the family:

Name	Birth date	Attended CLEWS?
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____

Father's Name _____

Cell Phone _____

Occupation _____

Mother's Name _____

Cell Phone _____

Occupation _____

Marital Status of Child's parents _____

Name of anyone else regularly in the home _____ Relationship _____

Name of the Church your family is current attending _____
 Town: _____ Are You Members? _____

PHYSICAL BACKGROUND AND DEVELOPMENT

Allergies _____

Other medical or physical limitations _____

Does your child regularly take any medications? (List) _____

Emergency Name and Number of someone in the community _____

Pediatrician's Name and Number _____

Dentist's Name and Number _____

Has your child had any serious illnesses, operations, accidents or hospital experiences? _____ Explain: _____

What was your child's reaction to this experience? _____

Describe your child's sleeping habits (naps, bedtime, hours slept, etc.) _____

Does your child dress independently? _____

Does your child use the bathroom independently? _____