



# Libby Lane Early Childhood Center

## Pre-Enrollment Application

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### Your Information

First name \_\_\_\_\_

Last name \_\_\_\_\_

Email \_\_\_\_\_

Phone Number \_\_\_\_\_

### Who Referred You?

First name \_\_\_\_\_

Last name \_\_\_\_\_

Email \_\_\_\_\_

### Your Child(ren)'s Information

First name \_\_\_\_\_ Last name \_\_\_\_\_ Age \_\_\_\_\_

DOB \_\_\_\_\_ Start date \_\_\_\_\_ Pick up/drop off times \_\_\_\_\_

First name \_\_\_\_\_ Last name \_\_\_\_\_ Age \_\_\_\_\_

DOB \_\_\_\_\_ Start date \_\_\_\_\_ Pick up/drop off times \_\_\_\_\_

First name \_\_\_\_\_ Last name \_\_\_\_\_ Age \_\_\_\_\_

DOB \_\_\_\_\_ Start date \_\_\_\_\_ Pick up/drop off times \_\_\_\_\_

Are you interested in:  **Preschool Classes (ages 2-5)**  **Montessori Class (ages 3-5)**

*Please return by mail to: Libby Lane Early Childhood Center  
601 NW Libby Lane,  
Lees Summit, MO 64063*