



## Early Childhood Blended Program Application

Date: \_\_\_\_\_

Student Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_ Age: \_\_\_\_\_

Parent Name(s): \_\_\_\_\_

Home Address: \_\_\_\_\_

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

Email: \_\_\_\_\_

Elementary school student will attend: \_\_\_\_\_

Signature: \_\_\_\_\_

Return completed application to Michelle Vaughn at [michelle.vaughn@central301.net](mailto:michelle.vaughn@central301.net) or mail to:

Central District 301  
Attn: Early Childhood Program  
PO Box 396  
Burlington, IL 60109