

## 2024/2025 ELC NEW APPLICANT SCHOOL YEAR APPLICATION FORM

**Most Precious Blood Early Learning Center**  
**2225 South Colorado Blvd.**  
**Denver, Co 80222**  
**(303) 756-4252**  
**Kellie Peterson, Director**

Today's Date \_\_\_\_\_

Child's Name \_\_\_\_\_ M / F

Child's Age \_\_\_\_\_ Birthdate \_\_\_\_\_ Age in Fall 2024 \_\_\_\_\_

Parent's Name \_\_\_\_\_  
 Home Phone (Dad) \_\_\_\_\_ Home Phone (Mom) \_\_\_\_\_  
 Cell Phone (Dad) \_\_\_\_\_ Cell Phone (Mom) \_\_\_\_\_  
 Work Phone (Dad) \_\_\_\_\_ Work Phone (Mom) \_\_\_\_\_

Email Address/s \_\_\_\_\_

Mailing Address (include zip code) \_\_\_\_\_  
 Parish / Church \_\_\_\_\_

**DAYS ENROLLED: PLEASE CHECK SESSION DESIRED FOR YOUR CHILD**

<input type="checkbox"/> Half Day Preschool Program (5 hours or less)	Offered 2 - 5 Days (MWF or TTH)	M T W TH F (circle days)
<input type="checkbox"/> Full Day Preschool Program (5 hours or more)	Offered 2 - 5 Days (MWF or TTH)	M T W TH F (circle days)
<input type="checkbox"/> Half Day Pre-K Program (5 hours or less)	Offered 3 - 5 Days	M T W TH F (circle days)
<input type="checkbox"/> Full Day Pre-K Program (5 hours or more)	Offered 3 - 5 Days	M T W TH F (circle days)
Registration Fee (\$75) (per child) Non-Refundable	<input type="checkbox"/> Paid Registration Fee	<input type="text"/> Check(s) Number & Date

**PARENT SIGNATURE:**

Application/Registration Fees are due and payable in full upon applying/registering your child at Most Precious Blood Early Learning Center.

Annual Material Fee of \$75.00(per child) is due each September.

**MPBELC will close the Thursday and Friday of the week prior to summer camp beginning, and the week before the school year begins. MPBELC will also close for one week during Christmas. We will give advance notice of any other days.**

(Turn Over)

Brother(s)/Sister(s) attended/attending MPB School:

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

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

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

Why have you selected Most Precious Blood Early Learning Center?

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Please describe your involvement in ministries in our parish.

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Please describe your child's present school or childcare environment (provide name of facility as well):

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Signature  
Parent/Guardian:

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

**PLEASE RETURN APPLICATION TO:**  
Most Precious Blood Early Learning Center  
2225 S. Colorado Blvd.  
Denver, CO 80222