



APPLICATION FOR PARTICIPATION

Please return this form along with a \$50 non-refundable application fee made payable to NATIONAL COMMUNITY CHURCH. Applications may be submitted at 205 F Street NE, Washington DC between March 28 and April 1, 2011.

I hereby make the following application for the admission of my child (who is currently two or three years old or will be by September 6, 2011) to NCC's Little Learners Playschool and submit the following information:

Child's Name: _____

Child's Birth Date: ____/____/____ Male / Female

Nickname (if applicable): _____

For Office Use Only

Received Date: _____

Payment included: ____

Age in Sept. 11: _____

Parent / Guardian: _____ Relationship to Child: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Parent / Guardian: _____ Relationship to Child: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Home Address: Street _____ City _____ State _____ Zip Code _____

E-Mail Address(es): _____

I would like to be considered for tuition assistance: Yes *(I understand that tuition reduction is limited, and given in return for fulfilling a classroom position with tasks and responsibilities.)*

By signing this application I understand that, if I enroll, I agree to pay all necessary fees. I commit to supervising the playschool as scheduled as well as volunteer for other school duties. While assisting, I agree to support the classroom content which will be in accordance with the values of National Community Church. I understand that if admitted I must attend or be represented at an organizational meeting prior to the beginning of the school semester.

Parent's Signature: _____ Date: _____



LITTLE LEARNERS PLAYSCHOOL
PARENT/GUARDIAN BACKGROUND CHECK – PAGE 2 OF 3

In order to provide a safe and secure environment for the children who participate in our playschool and use our facilities, all parents/guardians that volunteer at the Little Learners Playschool must undergo a background check. At least one parent/guardian must fill out the following to be permitted to volunteer on site. Any parent planning to work in the classroom must submit a form.

All fields are required. This application cannot be processed if any field on this page is left blank.

Parent / Guardian FULL Name: _____
Last First Middle

Birth Date: _____ / _____ / _____ q Male / q Female
Month Date Year

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Social Security Number: _____ / _____ / _____

E-mail Address: _____

Home Address: Street City State Zip Code

How long have you been at this address? _____

If less than six months, please give two previous addresses and the number of years of your residence there:

Previous Address: Street City State Zip Code

Years: _____

Previous Address: Street City State Zip Code

Years: _____



LITTLE LEARNERS PLAYSCHOOL
PARENT/GUARDIAN BACKGROUND CHECK – PAGE 3 OF 3

If you prefer, you may refuse to answer these questions and to discuss your answer in confidence with a member of the playschool team. Answering yes or leaving these questions unanswered on this form will not automatically disqualify an applicant for volunteering at the playschool.

Have you ever been convicted of or pleaded guilty to a crime? Yes No

If yes, please explain. Attach a separate sheet if necessary. _____

Were you a victim of abuse or molestation while a minor? Yes No

If yes, please explain. Attach a separate sheet if necessary. _____

We conduct a police background check on all volunteers. Do you have any objections? Yes No

If yes, please explain. Attach a separate sheet if necessary. _____

APPLICANT'S STATEMENT

I hereby authorize National Community Church to verify all information contained in this application with any references, churches, or other organizations, and any individuals to disclose any and all information to National Community Church regarding my character and fitness for volunteering at the Little Learners Playschool. I release all such personal or entities from liability that may result or arise from National Community Church's collection or all such evaluations or information or its consideration of my application. I waive any right I may have to inspect any information provided about me by any persons or organizations identified by me in this application.

Should my application be accepted, I agree to follow the policies of National Community Church and Little Learners Playschool. I understand that the personal information will be held confidential by National Community Church.

I further state that I HAVE CAREFULLY READ THE FOREGOING RELEASE AND KNOW THE CONTENETS THEREOF AND SIGN THIS RELEASE OF MY OWN FREE ACT. This is a legally binding agreement which I have read and understand.

Applicant's Signature: _____ Date: _____

BACKGROUND VERIFICATION DISCLOSURE

This is used to inform you that a consumer report is being obtained from a consumer reporting agency for the purpose of evaluating you for employment, volunteer service or a contracted position, including retention as an employee, volunteer or independent contractor.

This report may contain information bearing on your character, general reputation, and personal characteristics from public or private record sources.

California Notice:

You have the right under Section 1786.22 of the California Civil Code to contact ChoicePoint during normal business hours to obtain your file for your review. You may obtain such information as follows:

1. In person at ChoicePoint's office at the address listed above. You will need to furnish proper identification prior to receiving your file. You may have someone accompany you and should inform such person that they will also have to present reasonable identification. If you want ChoicePoint to disclose to or discuss your information with this third party, you may be required to provide a written statement granting ChoicePoint permission to do so.

2. By certified mail, if you make a written request (and provide proper identification) to have your file sent to a specified addressee.

3. By telephone, if you have previously made a written request and provided proper identification.

ChoicePoint has trained personnel to explain any information that is furnished to you and to explain any information that is coded.

Employer please note: If consumer checks "YES" regarding the full consumer report, and consumer resides in California, you will need to provide the individual with a copy of their consumer report.

BACKGROUND VERIFICATION DISCLOSURE

AUTHORIZATION

During the application process and at any time during the tenure of my employment with The Company, I hereby authorize ChoicePoint Services Inc., on behalf of The Company to procure a consumer report (known as an investigative consumer report in California) which I understand may include information regarding my character, general reputation, or personal characteristics. This report may be compiled with information from courts record repositories, departments of motor vehicles, past or present employers and educational institutions, governmental occupational licensing or registration entities, business or personal references, and any other source required to verify information that I have voluntarily supplied. I understand that I may request a complete and accurate disclosure of the nature and scope of the background verification, to the extent such investigation includes information bearing on my character, general reputation, or personal characteristics.

Applicant/Employee Name and Signature

Date

____-____-_____
Social Security Number

Date of Birth

MN & Oklahoma Residents please note: In connection with your application for employment, your consumer report may be obtained and reviewed. Under Minnesota and Oklahoma law, you have a right to receive a free copy of your consumer report by checking the appropriate box below.

YES, I am a Minnesota resident and would like a free copy of my consumer report.

YES, I am an Oklahoma resident and would like a free copy of my consumer report.

CA Residents please note: Under CA law, you have a right to receive a free copy of your report by checking the appropriate box below.

YES, I am a California resident and would like a free copy of my investigative consumer report.

Printed Name _____

Street Address _____

City, State, Zip _____