



LAUNCHPAD
PRESCHOOL
AT FOOTHILLS CHURCH

Substitute Application

Name _____

Address _____ Date of Birth _____

_____ Phone _____

Email _____

Child Enrolled? _____ If so, what days? _____

Education

High School _____

From _____ To _____ Did you graduate? _____

College _____

From _____ To _____ Did you graduate? _____

Degree _____

College _____

From _____ To _____ Did you graduate? _____

Degree _____

References

Name _____

Relation _____ Phone _____

Name _____

Relation _____ Phone _____

Name _____

Relation _____ Phone _____

Give a brief explanation of why you want to serve as a substitute teacher at Launchpad
Preschool.

Signature

Date