



2010/2011 Registration Application

A registration fee of \$75 is due with the registration form and may be paid by check or cash

Child's Full Name: _____
(First) (Middle) (Last)

Nickname: _____

Gender: _____ Date of Birth _____

Home Address: _____

City _____ Zip _____

Home Phone: _____

Parent(s)/Guardian(s) Name _____

Mother's Information

Employer: _____

Work Phone: _____

Cell Phone: _____

Email: _____

Father's Information

Employer: _____

Work Phone: _____

Cell Phone: _____

Email: _____

Child lives with (both parents, grandparents, parent/stepparent, etc.)

Are parents divorced? _____ If yes, custody papers must be on file in
the ELC office.

Names of other children _____ age _____
_____ age _____
_____ age _____

Do you attend Church in the area? _____ If so, where? _____

****ALL INFORMATION IN YOUR CHILD'S FILE WILL REMAIN CONFIDENTIAL****

Program Tuition / Fees

Registration Fee: \$75 annually (due with registration form)

Supply Fee: \$100 annually (due on the first day student attends)

Full Time Tuition:

Infants and Creepers \$129 per week

Toddlers and 2 Year Olds \$124 per week

3K and 4K \$117 per week

I WOULD LIKE FOR MY CHILD'S TUITION TO BE DRAFTED _____ WEEKLY
_____ MONTHLY

**** TUITION PAYMENTS MUST BE MADE BY AUTOMATIC BANK DRAFT. FULL TIME TUITION IS DUE EACH MONDAY OR THE FIRST MONDAY OF EACH MONTH. PLEASE COMPLETE THE ATTACHED FORM "AUTHORIZATION FOR AUTOMATED DEPOSITS." BE SURE TO ATTACH A VOIDED CHECK FOR THE ACCOUNT TO BE DRAFTED. ****

Please check which program you are registering for:

Full Time (5 days) _____

Spot Sharing _____ Circle days needed M T W Th F

For Office Use Only:

Date received _____

Registration paid: _____ Check # _____ Cash _____

Supply fee paid: _____ Check # _____ Cash _____

The following people are authorized to pick up my child from the ELC:

Name	Phone Number	Relationship
1.		
2.		
3.		
4.		
5.		
6.		
7.		

These authorized people will be asked to show valid picture identification at time of pick up. No person not on this list will be allowed to pick up your child.

Please tell us more about your child including likes, dislikes, fears, etc.:

What do you hope your child will gain from the North Valley Early Learning Center program? _____

Other comments or information you would like to share: _____

Medical Information 2010/2011

Pediatrician's Name _____ Phone # _____

Any other physicians:

Name _____ Phone# _____

Name _____ Phone# _____

Insurance Carrier _____ Policy # _____

Hospital Preference _____

Allergies _____

Please list any medications (including over the counter) that are taken regularly:

<u>Medication:</u>	<u>Dosage:</u>	<u>Frequency given:</u>	<u>Reason for use:</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please list any special needs, diagnosed medical conditions, or other health concerns:

Please list any previous medical procedures or surgeries: _____

Persons IN TOWN (other than parents) to call in event of an accident or illness at school if parents cannot be reached:

Name _____ Phone # _____

Name _____ Phone # _____

**I give North Valley Church Early Learning Center permission to obtain emergency medical treatment, including emergency transportation, for my child if I cannot be reached immediately. I agree to be responsible for any emergency medical expenses incurred. (If parent/guardian refuses to sign, instructions must be attached stating what procedures the ELC is to follow in an emergency)

Signature _____ Date _____