

THE LEARNING CENTER
At The Church at BattleCreek

THE CORE
Before & After Care Program

Child's Full Name _____ Home Phone _____
Name Child is Called _____ Sex: M / F Date of Birth: _____
Home Address _____ City, ST ZIP _____
Parent or Guardian E-Mail Address _____

Enrolling for School Year _____ Grade Your Child Will Be In _____
School Your Child Will Be Attending _____
Before Care Only _____ After Care Only _____ Both B&A _____
Days that your child will be attending: M _____ Tu _____ W _____ Th _____ F _____

Father's Name _____ Employer _____
Work Number _____ Cell Number _____

Mother's Name _____ Employer _____
Work Number _____ Cell Number _____

If separated or divorced, who is the custodial parent? _____
If those listed above are not the parents, please describe relationship to child and custodial arrangement _____

Person(s) who are authorized to pick up child and would assume responsibility for child in an emergency when we would be unable to contact parents:

Name _____ Relationship _____ Home Phone _____
Work Number _____ Cell Number _____

Name _____ Relationship _____ Home Phone _____
Work Number _____ Cell Number _____

Siblings (Names & Ages) _____

Any special information that will helpful in caring for your child _____

Is there any evidence of hearing loss? _____ Vision Difficulty? _____
Speech Difficulty? _____ Physical Limitations? _____
What allergies does your child have, if any? _____
Any recent illnesses or hospitalization? _____
Child's Physician _____ Phone Number _____
Insurance Company _____ Policy Number _____

Are you new to the Tulsa area? _____ If yes, from where did you move? _____

Do you have a consistent place of worship? _____ If so, where? _____
If not, are you interested in finding a new church home? _____

How did you hear about the CORE? _____

A CURRENT COPY OF YOUR CHILD'S IMMUNIZATION RECORD MUST BE ATTACHED.

BUS RELEASE FORM

I give my permission for my child to ride THE LEARNING CENTER bus to and from their school each day that they are in the center's care. I understand that the drivers are trained and have an Oklahoma Class B License. I agree to discuss the need for bus safety and etiquette with my child.

Parent's Signature

Date

MEDICAL RELEASE FORM

In the event of illness or accident, which requires immediate medical treatment, at a time when a parent or guardian cannot be located, I give my permission for the school to provide such emergency treatment to the best of their ability. I will not hold the school or medical personnel responsible. I understand my child will be taken to the nearest medical facility and I give my permission for the medical personnel to provide any emergency treatment. This is done with the understanding that every attempt will have been made to contact a parent, the child's physician, and other person listed for emergency contact.

Parent's Signature

Date

**The Learning Center
At the Church at BattleCreek
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918.355.6927 / Fax 918.317.0049**