

For Office Use Only

Date of Application _____

Immunization Record Rec'd? _____

Enrolling for Session **FALL Term** _____

Days Enrolled: Mon _____ Tues _____ Wed _____ Thur _____

Class Assignment _____

Start Date _____

Registration Fee Paid \$ _____

Check/Cash Receipt # _____

Enrolling for Session **SUMMER Term** _____

Days Enrolled: Mon _____ Tues _____ Wed _____ Thur _____

Class Assignment _____

Start Date _____

Registration Fee Paid \$ _____

Check/Cash Receipt # _____

The Learning Center at the Church at Battle Creek

Preschool Program

CHILD INFORMATION FORM

Child's Full Name _____ Home Phone Number _____

Has your child attended TLC previously? Y / N

Name Child is Called _____ Sex: M / F Date of Birth _____

Address _____ City/ZIP _____

Father's Name _____ Employer _____ Work Phone _____

Father's Cell Phone _____

Mother's Name _____ Employer _____ Work Phone _____

Email Address _____ Mother's Cell Phone _____

If separated or divorced, who is the custodial parent? _____

If those listed above are not the parents, please described 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(s) _____ Home Phone _____ Work Phone _____

Relationship to Child: _____ Cell Phone _____

Name(s) _____ Home Phone _____ Work Phone _____

Relationship to Child: _____ Cell Phone _____

Siblings (names & ages) _____

Sleep and Nap Habits _____

Is your child shy? _____ aggressive? _____ active? _____ quiet? _____

Eating Habits and Difficulties _____

Fears _____

Behavior Habits (biting nails, tantrums, etc.) _____

Favorite Play Activities or Toys _____

Names & Type of Pets _____

What form(s) of discipline do you find most effective with your child? _____

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? _____

Has your child previously been enrolled in a preschool program? _____ Where? _____

How did you find out about TLC? _____

Please note anything you feel would be of help to us in caring for and teaching your child _____

ENROLLMENT INFORMATION

TLC Preschool Program: Monday through Thursday
9:30 a.m. – 2:30 p.m.

I wish to enroll my child in the The Learning Center Preschool program as follows:

FALL:

Desired Number of Days _____
First Preference: Monday _____ Tuesday _____ Wednesday _____ Thursday _____
Second Preference: Monday _____ Tuesday _____ Wednesday _____ Thursday _____

SUMMER:

Desired Number of Days _____
First Preference: Monday _____ Tuesday _____ Wednesday _____ Thursday _____
Second Preference: Monday _____ Tuesday _____ Wednesday _____ Thursday _____

Please mark 1st & 2nd choices. Enrollment is on first-come, first-served basis with priority given to those enrolling in more than one session. If we are not able to place your child as desired, you will be placed on a waiting list and notified when a position becomes open.

I have read The Learning Center Preschool Handbook and agree to abide by all policies.

Signed _____
Date _____

CHILD’S MEDICAL HISTORY

Is there any evidence of: Hearing Loss or Difficulties? _____
Vision Difficulties? _____
Speech Difficulties? _____
Any Physical Difficulties? _____

What allergies does your child have, if any? _____

Any recent serious illness or hospitalization? _____

Are immunizations up to date? _____ If no, indicate reason _____

A current copy of your child’s immunization record must be attached to this application.

Physician or Clinic _____ Phone Number _____
Insurance Company _____ Policy Number _____ Phone _____
Preferred Hospital _____

MEDICAL RELEASE FORM

In the event of illness or accident, which requires immediate medical treatment at a time when a parent cannot be located, I give 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 persons listed for emergency contact.

Signed _____
Date _____

*The Learning Center
at The Church at Battle Creek
3025 North Aspen, Broken Arrow, OK 74012
(918) 355-6927*