

For Office Use Only		Class Assignment	<i>SCHOOL-AGE</i>
Date of Application _____	_____	Start Date _____	_____
Enrolling for Session	SUMMER _____	Registration Fee Paid	\$ _____
Days Enrolled: Mon _____	Tues _____	Check/Cash Receipt #	_____
Immunization Record Received?	_____		

The Learning Center at the Church at Battle Creek
School-Age Application

CHILD INFORMATION FORM

Child's Full Name _____ Home Phone Number _____
 Has your child attended TLC previously? Y / N Current Grade in School: _____ T-Shirt Size – Youth: _____
 Adult: _____
 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 _____
 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 would assume responsibility for child in an emergency when we would be unable to contact parents:

Name _____ Home Phone _____ Work Phone _____
 Relationship to Child: _____ Cell Phone _____

Name _____ Home Phone _____ Work Phone _____
 Relationship to Child: _____ Cell Phone _____

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 Summer program as follows:

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.

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.

Please list any medical conditions that we should be aware of:

Does your child have any allergies to food, medications, etc?

Name & Phone # of Child's Physician:

Immunization Record: A child two months of age or older cannot be admitted to a child care facility unless the parent presents certification from a licensed physician or authorized representative of any state or local Department of Health that such child has received or will receive immunizations at the medically appropriate time. A copy of such immunization record (or Certificate of Exemption) must be attached to this application prior to enrollment.

Signed _____

Date _____

TRANSPORTATION

Field trip permission slips will be collected for each individual trip that is scheduled. Parents (or their representative) are welcome and encouraged to chaperone their children on any field trip. Anyone listed in the Emergency Contact area of this form is considered to be granted permission to provide transportation and have permission to pick up the child from the TLC facility.

I agree to abide by the terms and policies of The Learning Center at The Church at Battle Creek.

Signed _____

Date _____

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