

For Office Use Only:

Class _____
Enrollment Date _____
Waiting List _____

Registration _____ Date Paid _____
Supply Fee _____ Date Paid _____
Tuition _____ Date Paid _____

**APPLICATION FOR ENROLLMENT
LOVE N CARE CHRISTIAN LEARNING CENTER**

Child's Name _____ / _____ / _____ M / F
(Last) (First) (Middle) Birthdate

Address _____ City _____ State _____ Zip Code _____

Child Lives with: Father () Mother () Both () Guardian () Other _____

Mother _____

Address _____ Home phone _____

Employed By _____ Office Phone _____ Work Hours _____

Home E-mail _____ Work E-mail _____

Marital Status: Married () Divorced () Widowed () Separated () Single ()

Father _____

Address _____ Home phone _____

Employed By _____ Office Phone _____ Work Hours _____

Home E-mail _____ Work E-mail _____

Marital Status: Married () Divorced () Widowed () Separated () Single ()

Legal Guardian if other than parent(s) _____ Relationship _____

Sibling Information

Name _____ Age _____

Name _____ Age _____

Name _____ Age _____

Previous daycare attended _____ Phone Number _____

Address ,City, State _____

Why did child leave the previous daycare? _____

Has your child been referred or tested for learning disabilities, ADHD, or emotional difficulties? If yes, please explain: _____

Internet Reprint

CHILD'S NAME: _____

MOTHER'S NAME _____ PHONE _____

FATHER'S NAME _____ PHONE _____

In the event of an emergency, Love N Care Christian Learning Center has permission to administer first aid or to obtain emergency medical treatment in the best interest of my child.

Signature of Parent/Guardian Date

Pediatrician's Name _____ Phone _____

Address _____

Persons to be contacted in case of illness, accident or emergency and if for some reason the parents or guardians cannot be reached and is authorized to remove the child from the facility. If none, indicate "NONE".

Name Address Phone Relationship

Name Address Phone Relationship

Name Address Phone Relationship

Persons ALLOWED to pickup my child:

Name Phone Number Name Phone Number

Name Phone Number Name Phone Number

Name Phone Number Name Phone Number

Name Phone Number Name Phone Number

My Child has the following allergies or special needs:

Is child potty trained? Yes () No () Explain _____

Things I would like you to know about my child:

