



The Learning Center
Preschool Registration Check List
Questions? Call 907.373.7910

Step 1 - Secure your child's place

- _____ Fill in Registration Step 1 Form
- _____ Pay \$50 non- refundable registration fee

Step 2- Registration Packet

- _____ Complete the registration packet
- _____ Make sure child's name is on every page
- _____ Sign each page
- _____ Initial each line on the Tuition Agreement

Step 3 - Gather your documents

- _____ Vaccination Record
- _____ Child's Birth Certificate
- _____ Parents' IDs
- _____ Proof of Guardianship (if not parent on birth certificate)

Step 4 - Enroll at the Church Office

- _____ Registration Packet
- _____ Documentation
- _____ 1st month's tuition

Congratulations! Your child is now enrolled!

CONTACT INFORMATION

Child's Full Legal Name (First, Middle Name, Last Name)		M/F	Date of Birth / /	
1. Parent/Guardian Name			Relationship	
Mailing Address	City	State	Zip Code	
Employer Name		Phone		
2. Parent/Guardian Name			Relationship	
Mailing Address	City	State	Zip Code	
Employer Name		Phone		

EMERGENCY CONTACT INFORMATION If we are unable to reach you, who should we contact in case of emergency?

Primary Contact Name	Cell number
Relationship to child	
Secondary Contact Name	Cell number
Relationship to child	

INDIVIDUALS AUTHORIZED TO PICK UP YOUR CHILD Turn over to add more

#1 Name	#1 Cell phone
#2 Name	#2 Cell phone
#3 Name	#3 Cell phone

Parent/ Guardian Signature _____ Date _____

MEDICAL INFORMATION AND EMERGENCY TREATMENT AUTORIZATION

MEDICAL HISTORY

- | | | | |
|---|---|--|---|
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Eczema | <input type="checkbox"/> Cerebral Palsy | <input type="checkbox"/> Fetal Alcohol Syndrome |
| <input type="checkbox"/> Epilepsy/Seizures | <input type="checkbox"/> Cardiac Concerns | <input type="checkbox"/> Blood disorders | <input type="checkbox"/> Depression |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Leukemia/Cancer | <input type="checkbox"/> Muscular Dystrophy | <input type="checkbox"/> Eating Disorder |
| <input type="checkbox"/> Severe Allergy | <input type="checkbox"/> Thyroid Concerns | <input type="checkbox"/> Coordination Concerns | <input type="checkbox"/> Hyperactivity/ADHD |
| <input type="checkbox"/> Hearing Concerns | <input type="checkbox"/> Ulcer/Stomach | <input type="checkbox"/> Bone/Joint Concerns | <input type="checkbox"/> Other |
| <input type="checkbox"/> Vision | <input type="checkbox"/> Kidney/Bladder | <input type="checkbox"/> Scoliosis | For "Other" give details |
| <input type="checkbox"/> Head Injury/Concussion | <input type="checkbox"/> Autism | <input type="checkbox"/> Behavioral/Emotional | _____ |

Has your child been in contact with anyone who has/ had active TB disease in the past year?
Yes No

MEDICATION

Does your child take medication regularly? Yes No **If yes please specify:*

Medication

Treatment of/Diagnosis

Medication

Treatment of/Diagnosis

ALLERGIES

Has your child ever had a severe allergic reaction requiring emergency treatment or epinephrine? Yes No

Allergies

Reaction

Allergies

Reaction

EMERGENCY MEDICAL TREATMENT

Name of Health Care Provider

Telephone

Insurance Carrier: _____

ID#: _____

I give The Learning Center permission to share health-related information regarding my child to emergency or other personnel on a need to know basis. Yes No

By signing this form, I understand that if I can not be located, and immediate emergency medical attention is necessary, my child will be transported by ambulance. I give permission for my Health Care Provider, or medical providers on call, to treat my child. I will accept all financial responsibility.

Parent/ Guardian Signature _____ Date _____

TUITION AGREEMENT

The Learning Center Preschool is financially accountable to the Board of Directors at Church on the Rock for good stewardship of all funds. Payment for your fees and tuition is available through our church website **www.churchak.org** on The Learning Center page. This is our preferred method of payment. However, cash or check payments can be made in person at the church office Monday - Thursday 9am - 5pm (excluding Tuesday am).

By signing this document, you are agreeing to the following terms and conditions for payment of tuition and fees associated with The Learning Center.

Please initial to indicate your agreement.

- _____ Payment of the \$50 non-refundable registration fee is required to begin processing your application.
- _____ The person signed below takes full responsibility for payment of all tuition fees.
- _____ Tuition fees for this school year are \$2070 unless one of the following discounts is applied.
- _____ Payments are due by the 1st of the month.
*With the exception of the August, which is due by August 10th at the Open House.

MONTHLY PAYMENT SCHEDULE: 1 st of each month									
*AUG	SEPT	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY
\$115	\$230	\$230	\$230	\$230	\$230	\$230	\$230	\$230	\$115

DISCOUNTS

- _____ A 10% discount will be applied if tuition is paid in full (\$1863) by Aug 10^h.
- _____ Alternatively, a PFD special discount of 10% off the academic year's tuition balance will be applied if paid in full by October 10th.

PFD SPECIAL DISCOUNT		
AUG	SEPT	OCT
\$115	\$230	\$1553

LATE PAYMENTS & CHECK RETURN FEE

- _____ Payments received after the 10th of the month will incur a late fee of \$25.
- _____ A two-month delinquency will result in your child's exclusion from the program.
- _____ A \$35.00 returned check fee will be assessed for any check returned as non-payable.

WITHDRAWAL/REFUND POLICY

- _____ Children are admitted for the full academic year, and monthly tuition is not subject to adjustment due to illness, vacation, or other absence.
- _____ Church office must receive at least 30 days written notice of withdrawal. Tuition will be charged until written notice of withdrawal is received.
- _____ **Pre-paid tuition is non-refundable.**

By signing below, I understand that I am responsible for tuition and fees charged for _____ (name of student).

Parent/ Guardian Signature _____ Date _____

SPECIAL SERVICES & SUPPORTS

Please indicate if your child has received, or is currently receiving, any of the following services or supports.

- CCS (Early Learning/Head Start)
- Occupational Therapy
- Physical Therapy
- Play Therapy

- Therapy (other) _____
- Other supports _____
- None

PHOTOGRAPHIC CONSENT

_____ I **authorize** that my child's image **may be** taken and used in video, print, and web presentations.

_____ My child's image **may not** be taken and used in video, print, and web presentations.

DOCUMENTATION

Please provide the following documentation at the church office. Non-parental guardians will also be asked for proof of guardianship.

- Child's birth certificate
- Parents' IDs
- Proof of Guardianship (if necessary)
- Vaccination record or Religious Exemption

PARENT HANDBOOK

This is to acknowledge that I have received a copy of The Learning Center's Parent Handbook. I understand that it provides guidelines and summary information about policy and procedures. I also understand that it is my responsibility to read, understand, become familiar with, and comply with the standards that have been established. I further understand that The Learning Center has the right to modify, supplement, rescind, or revise any policy from time to time as deemed necessary or appropriate. You will be notified of any amendments to this handbook.

Parent/ Guardian Signature _____ Date _____

Office Use Only:	
Fee paid: <input type="checkbox"/> Cash <input type="checkbox"/> Online <input type="checkbox"/> Check # _____	<input type="checkbox"/> Vaccination Record
Received by _____	<input type="checkbox"/> Religious exemption
Registration Packet	<input type="checkbox"/> Child's birth certificate
<input type="checkbox"/> Page 1 <input type="checkbox"/> Page 2 <input type="checkbox"/> Page 3 <input type="checkbox"/> Page 4	<input type="checkbox"/> Parent ID _____
<input type="checkbox"/> Entered in to U-Link	<input type="checkbox"/> Proof of Guardianship