

Central Early Learning Center Registration Form

2___ 3___ 4___ Year Old

Registration Fee: \$100.00 (Non-refundable) Curriculum: \$_____ Monthly Tuition:
\$_____

Child's Full Name _____ Male / Female _____

Name Child uses _____ Birthday _____

Home Address: _____

City, State, Zip Code _____

Home Phone _____ Cell Phone _____

Email Address _____

Please choose: Yes _____ No _____ for permission to include address & phone on class list.

Please choose: Yes _____ No _____ for permission to take photos of your child. (Photos will not be used for advertisement of any kind.)

Mother's Name _____ Place of employment _____

Daytime Phone _____ Cell Phone _____

Father's Name _____ Place of employment _____

Daytime Phone _____ Cell Phone _____

Please Choose: Custodial Parent(s): Both _____ Mother _____ Father _____

**When the custody of any child is in question, the CELC must act in accordance with rulings of the court

All legal papers pertaining to custody must be on file in our office.

Is your family currently attending or members of an area church? _____

If yes, what church? _____

The following person(s) have my permission to pick up my child from Central Early Learning Center

A picture ID must be presented. Please list name(s) below as it appears on picture ID.

<u>Name</u>	<u>Relation</u>	<u>Home Phone</u>	<u>Cell Phone</u>
<u>Work Phone</u>			

Medical Information

Pediatrician _____ Phone _____

Any known allergies _____

Is your child taking any medication on a regular basis? _____ If yes, please Specify: _____

Does your child have any health concerns that we should be aware of? (This may include special diets, pre-
scriptions, or limitations on normal activities) _____ If yes, please specify: _____

Emergency Authorization

I hereby give my permission for the staff of Central Early Learning Center and/or any necessary medical personnel to meet the needs of my child in an emergency.

Parent Signature _____ Date _____

Has child had any other nursery / preschool / daycare experiences? _____ If yes, where and when? _____

Does your child have any siblings? _____ If yes, please give names and ages: _____

Please make checks payable to: Central Early Learning Center (CELC) If you have questions or need further information, please contact Carrie Spivey at 770-385-3452.

I understand that the policy of the CELC is to make no refunds on registration fees.

Parent Signature: _____ Date: _____