

# 2011/2012

## Christ Lutheran Children's Center

### \*Full Day Preschool Registration\*\*

\_\_\_\_\_ is hereby registered by the undersigned parent(s) or guardian(s) for the 2011-2012 school year in Christ Lutheran Children's Center, conducted under the parish's Children's Center Committee. Complete and return this form to CLCC with a non-refundable **\$100.00** application fee. A contract will be issued based on the information provided.

**Please check sessions and indicate days and times:**

| Summer 2011                         | School Year 2011/2012             |
|-------------------------------------|-----------------------------------|
| 1st session June 13-July 15 _____   | Preschool Aug. 24-June 11 _____   |
| 2nd session July 18-August 19 _____ |                                   |
| Monday: from _____ until _____      | Monday : from _____ until _____   |
| Tuesday: from _____ until _____     | Tuesday: from _____ until _____   |
| Wednesday: from _____ until _____   | Wednesday: from _____ until _____ |
| Thursday: from _____ until _____    | Thursday: from _____ until _____  |
| Friday: from _____ until _____      | Friday: from _____ until _____    |

**Please check the tuition payment plan you prefer:**  
**Refer to attached Price Information sheet for tuition amounts**

Bi-weekly Full Day Preschool Tuition                      Payments due every two weeks in advance.  
 Monthly Full Day Preschool Tuition                      Payments due every month in advance  
 Other (Upon Approval) \_\_\_\_\_

**A limited amount of Scholarships are available. Decisions are made by the Children's Center Committee based on financial need. First consideration will be given to those applications received by April 15, 2011. If funds are still available consideration will be given to applications received by August 15, 2011. Scholarship applications are available in the Children's Center office.**

I give permission for my child to use all of the play equipment and to participate in all of the activities of the Center. I release Christ Lutheran Children's Center from all liability associated with any accident or injury occurring while my child is participating in any Center activity, especially where the hazard of such activity is apparent. I also give my permission for photographs that may be taken of my child while participating in Center programs to appear in newspapers, magazines, brochures, or other publicity materials.

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_

**All children must be completely toilet-trained.**

**A non-refundable application fee of \$100.00 per family must accompany this signed application or it is considered invalid. This fee will not be refunded in the event of cancellation.**

## Admissions Information

|                      |                   |     |
|----------------------|-------------------|-----|
| <b>Child's name</b>  | Date of birth     | Age |
| Address              | City, State, Zip  |     |
| <b>Mother's name</b> | Mother's phone: H | W   |
| Address              | City, State, Zip  |     |
| <b>Father's name</b> | Father's phone: H | W   |
| Address              | City, State, Zip  |     |

My email address is \_\_\_\_\_

Name your child is called at home \_\_\_\_\_

Name you wish your child to learn to recognize and write  
\_\_\_\_\_

Religious affiliation \_\_\_\_\_ Christ Lutheran Church Member? Yes No

Child lives with: Both parents \_\_\_\_\_ Mother \_\_\_\_\_ Father \_\_\_\_\_ Other \_\_\_\_\_

If the parents are separated, how often does your child see the absent parent? \_\_\_\_\_

Names and ages of child's brother(s) and sister(s) (if applicable):  
\_\_\_\_\_

Other members of the household (include name and relationship):  
\_\_\_\_\_

Has your child had other group experiences? \_\_\_\_\_ Please specify: \_\_\_\_\_

Has your child previously attended a preschool or childcare center? (Name) \_\_\_\_\_

Does your child have neighborhood playmates? \_\_\_\_\_

How did you hear about Christ Lutheran Children's Center? (Friend, Relative, Church etc.) \_\_\_\_\_

What do you hope your child will gain from this group experience?

Are there any family or home problems which might affect your child's school adjustment? If so, please explain.

### Authorizations

A child will only be released from the Center to his/her mother, father or other persons authorized by the parents. In the case of divorce or separation, the Center cannot deny a parent access to a child unless copies of legal documentation stating otherwise are provided.

Persons authorized to pick up child other than parent: (Name, Address, Phone, Relationship to child)

Who may **NOT** pick up your child?