



EARLY LEARNING C E N T E R

A ministry of Mid-Way Baptist Church

**** OPENING YEAR SPECIAL ****

**Register before April 1, 2010
and receive 10% tuition
discount for this year**

Date _____

REGISTRATION FORM 2010-2011 School Year

Child's Name _____

Birth date _____
Last First Middle Nickname
(please circle) Male or Female
Mo. Day Year

Address _____
Street City State Zip

Home Phone _____ Marital Status of Parents _____

Email contact #1 _____ Email contact #2 _____

Father's Name _____ Home Phone (if different) _____

Home Address (if different) _____
Street City State Zip

Employer _____

Business Phone _____ Cell phone _____ Pager _____

Mother's Name _____ Home Phone (if different) _____

Home Address (if different) _____
Street City State Zip

Employer _____

Business Phone _____ Cell phone _____ Pager _____

Guardian's Name _____ Home Phone (if different) _____

Home Address (if different) _____
Street City State Zip

Employer _____

Business Phone _____ Cell phone _____ Pager _____

Emergency Contact other than parent/guardian

Name: _____ Phone _____

Relationship to Child _____

Is your family presently members of a local church? _____

If yes, which one? _____

Please indicate which class you would like to enroll your child:

____ 2-Day (\$130/mo) ____ 3-Day (\$175/mo) ____ 4-Day (\$225/mo) ____ 5-Day (\$305/mo)

NOTE: 18 mo, 2, 3 yr. olds can do 2 or 3 day/wk classes. 4 yr. olds can do 3, 4 or 5 day/wk classes

****A Non-refundable registration fee of \$130 must accompany this application. No refunds will be given unless space is unavailable. Registration forms are dated and timed upon receipt in our offices and spaces will be assigned based on that date and time.**

Person(s) to whom child may be released other than parent

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Medical / Emergency Information: (Additional Information in Parent Handbook)

Name of Child's Doctor _____

Phone _____ Address: _____

Name of Child's Dentist _____

Phone _____ Address: _____

Hospital Preference _____

Please list any food or environmental allergies and action to take in an emergency:

Does your child have any disabilities, any medical condition, or any additional information that his/her teacher should be aware of? _____

PLEASE NOTE: A copy of your child's immunization records will be required before the first day of school

Medical Attention Permission Form:

In the event that I cannot be reached to make arrangements for emergency medical attention, I authorize the staff of Kids Zone ELC to take my child to an Emergency Room, or to his/her physician (listed above), for prompt medical care. I give consent for any and all treatment deemed necessary by the attending physician. (Please attach a copy of your health insurance card)

Signature of Parent or Legal Guardian _____ Date _____

(Please sign in the presence of a Notary Public)

***** Below for Notary Public Only *****

State of _____ County of _____

This instrument was acknowledged before me on (date) _____

(Notary Seal)

(Printed Name of Notary Public)

(Signature of Notary Public)