



## 2010 - 2011 Learning Center Enrollment Form

Needed for enrollment:

- Enrollment form (1 per family)
- Non-refundable Annual Registration Fee of \$50.00 per family  
( \$25.00 enrollment fee, \$25.00 credited)
- Child Information Card (1 per child)

Child's Name	School	Grade	Birth date	
_____	_____	_____	_____	M or F
_____	_____	_____	_____	M or F
_____	_____	_____	_____	M or F

**FEES:**

<b>Before School Session</b>	<b>Early Childhood</b>	<b>After School Session</b>
One child     \$6.25 per day	Whole Day     \$30.00	One child     \$6.25 per day
Two children   \$11.50 per day	8:30 - 3:00     \$18.50	Two children   \$11.50 per day
Three children \$16.50 per day	8:30 - 12:30     \$9.25	Three children \$16.50 per day
	11:30 - 3:00     \$9.25	

**INDICATE YOUR CHILD(REN)'S WEEKLY SCHEDULE:**

	<b>Before School</b> 6:30 - 9:00	<b>Early</b> 8:30 - 12:30	<b>Childhood</b> 11:30 - 3:00	<b>After School</b> 3:00 - 6:00
<b>Monday</b>	_____	_____	_____	_____
<b>Tuesday</b>	_____	_____	_____	_____
<b>Wednesday</b>	_____	_____	_____	_____
<b>Thursday</b>	_____	_____	_____	_____
<b>Friday</b>	_____	_____	_____	_____

**Michigan Department of Education Child and Adult Care Food Program:**

Please circle meals you expect your child will routinely receive while in care:

Breakfast

Early Childhood Morning Snack

Afternoon Snack

I agree to pay for the scheduled days regardless of sickness, appointments, or vacation. I understand that Georgetown Christian Learning Center is a non-profit program and depends on parent fees.

I agree to notify the center's staff if my child will not be attending on a scheduled day. I understand that this is for my child's safety.

I understand that the registration fee is non-refundable.

I have read the parent handbook and agree to abide by the policies therein.

I have read and understand the discipline policy as outlined in the parent handbook.

I give consent for my child to be photographed by center staff for posting in the center or promotional materials. I understand that local media may come to the center to photograph and will notify the director if I do not want my child photographed.

I agree to provide a sack lunch for my child whenever he/she is enrolled over lunch time. The center provides breakfast and snacks.

I verify that my child(ren) are in good health and meet all of the health requirements of the elementary school attended. I understand that I am responsible for my child's health while at the center. Immunization records are on file at my child's school.

I will provide instruction via a Medication Permission and Instruction form if prescription or non-prescription medication is needed by my child while in care. I will provide medication in original containers.

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

Date of Last Tetanus Shot:

Activity Restrictions:

Allergies:

