

LAFAYETTE CHRISTIAN SCHOOL EARLY LEARNING CENTER
1904 HAMILTON ROAD
LAGRANGE, GA 30241

CHILD ENROLLMENT FORM

Date: _____

Desired Entrance Date: _____

Date of Actual Enrollment: _____

Child's Name: _____
(Last) (First) (Middle)

Name Called: _____ Date of Birth _____ Age _____ Sex _____

Address Where This Child Lives _____

Child's Living Arrangements: ☐ Both Parents ☐ Mother ☐ Father ☐ Other
Child's Legal Guardians): ☐ Both Parents ☐ Mother ☐ Father ☐ Other

Mother's Name: _____
Address (if different from child's) _____
Home Phone # _____ Business Phone # _____ Cell # _____
E-mail address: _____
Occupation and Name of Company _____
Business Address: _____
Hours of Employment: _____ to _____
Church Membership: _____

Father's Name: _____
Address (if different from child's) _____
Home Phone # _____ Business Phone # _____ Cell # _____
E-mail address: _____
Occupation and Name of Company _____
Business Address: _____
Hours of Employment: _____ to _____
Church Membership: _____

The child may be released to the person(s) signing this agreement or to the following:

1. Name: _____ Address: _____
Phone#: _____ Relationship to Child: _____
2. Name: _____ Address: _____
Phone#: _____ Relationship to Child: _____
3. Name: _____ Address: _____
Phone#: _____ Relationship to Child: _____

Persons to contact in the case of sickness or an emergency when parents cannot be reached:

1. Name: _____ Address: _____
Phone#: _____ Relationship to Child: _____
2. Name: _____ Address: _____
Phone#: _____ Relationship to Child: _____
3. Name: _____ Address: _____
Phone#: _____ Relationship to Child: _____

My child has the following special need(s): _____

List information which you feel would help your child's teacher better understand your child: _____

The Early Learning Center opens at 7:00 a.m. and closes at 5:30 p.m. Monday through Friday. We are closed for the holidays that are specified in the Policy Statement.

Please be notified that you are to escort your child into their room and from their room to your vehicle. You are responsible for your child's safety until they are under the supervision of a teacher and from the time that you leave the teacher. NO child will be released to anyone under the age of sixteen.

The center must be notified immediately of any change in telephone numbers, work locations, emergency numbers, child's physician, etc.

Signature (Parent/Guardian): _____ Date: _____
Signature (Parent/Guardian): _____ Date: _____

Registration Fee: Check #: _____ Date: _____