

**Christ Memorial Lutheran
Early Childhood Learning Center**

14200 Memorial Drive ~ Houston, Texas 77079
281-497-2055 ~ Fax 281-293-7734

FOR OFFICE USE:

Date Received: _____
Amount Received: _____
Class Assigned: _____
Age as of 09/01/10
_____ years _____ months

**TODDLER (18-23 MONTHS)
2010-2011 ENROLLMENT FORM**

"Train up a child in the way he should go...and he will not depart from it." Proverbs 22:6

I hereby make application for the admission of my child to Christ Memorial Lutheran Early Childhood Learning Center for the 2010-2011 school term.

Child's Full Name: _____ Date of Birth _____

Home Address: _____ Zip: _____ Phone # (____) _____

Father's Name: _____ Occupation: _____

Employer's Name & Address: _____
_____ Phone # (____) _____

Mother's Name: _____ Occupation: _____

Employer's Name & Address: _____
_____ Phone # (____) _____

Child's Physician Name & Address: _____
_____ Phone # (____) _____

Church Affiliation: _____ If none, preference: _____

Pastor's Name: _____ Church Phone # (____) _____

How did you hear about our school? _____

MORNING SESSION

8:45 AM ~ 12:00 NOON

____ Two Day Week (T/Th) \$240.00
____ Three Day Week (M/W/F) \$285.00
____ Five Day Week (M-F) \$360.00

AFTERNOON SESSION

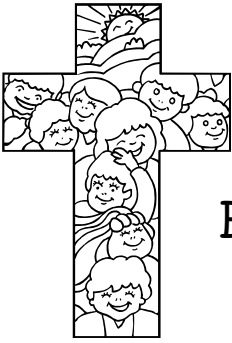
12:00 NOON ~ 2:30 PM

____ Lunch Bunch (T/Th) \$ 90.00
____ Lunch Bunch (M/W/F) \$125.00
____ Lunch Bunch (M-F) \$215.00

REGISTRATION

I have enclosed \$175.00 to register my child for 2010/2011. As required by the school's admission policy, the last month's tuition (May 2011) is due no later than March 31, 2010. I understand that May 2011 tuition may not be applied to any other month's tuition.
The registration fee and May 2011 tuition are non-refundable.

Signed and Acknowledged _____ Date _____
Parent/Guardian



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| | |
|------------------------|--------------------------|
| FOR OFFICE USE: | |
| Class: | _____ |
| Date Admitted: | _____ |
| Age: | _____ years _____ months |

2010-2011 TODDLER (18-23 MONTHS) STUDENT INFORMATION SHEET

Child's Full Name: _____ Nickname: _____

Date of Birth: _____ Male _____ Female _____

Parents/Guardians Names: _____

Home Address: _____ City: _____ Home Phone # (____) _____

Email Address: _____ Cell (Mom) _____ Cell (Dad) _____

If parents cannot be reached in an emergency, whom can we contact? *(Name, Address, Phone No. & Relationship)*

Name: _____

Name: _____

Is your child adopted? _____ Does he/she speak English? _____ What language is spoken at home? _____

Has your child had any preschool experience? _____ Where? _____

How many children in the family (names and ages): _____

Does your child have allergies? _____ If so, please explain: _____

Does your child have physical or emotional disorders? _____ If so, please explain: _____

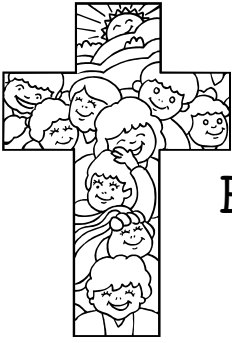
Names and telephone numbers of individuals who will be responsible for picking up my child:

Name: _____ Phone # (____) _____ Relationship: _____

Name: _____ Phone # (____) _____ Relationship: _____

Name: _____ Phone # (____) _____ Relationship: _____

Any special information or habits your child has that you wish to share with the school office and/or teacher:



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EMERGENCY TREATMENT RELEASE:

The staff of Christ Memorial Lutheran Early Childhood Learning Center has my permission to treat my child in case of an accident or illness.

Parent/Guardian Signature

Date

PARENT'S ACKNOWLEDGEMENT:

This is to acknowledge that CMLECLC staff has provided me with the Parent/Student Handbook which includes the Enrollment Policy/Non-Discrimination Policy, the Discipline Guidelines and the Meal Agreement. I have read and agree to support each of these policies.

Parent/Guardian Signature

Date

PHOTOGRAPH RELEASE:

I give my consent to the photographing and/or publication of an existing photograph of my child _____ by CMLECLC in its educational, promotional or fund raising materials. I also consent to the use of my child's photograph in all media (including but not limited to distribution on the Internet), to depict and/or identify him/her as a child at CMLECLC.

Parent/Guardian Signature

Date

SCHOOL DIRECTORY RELEASE:

I give my consent for CMLECLC to publish my name, my child's name, phone numbers, address and email address in their school directory.

Parent/Guardian Signature

Date