

# 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

## TWO-YEAR-OLD 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

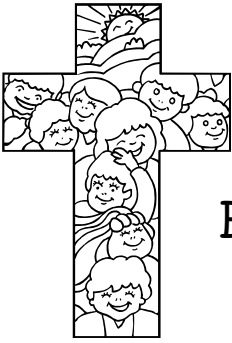
12:00 NOON ~ 2:30 PM

\_\_\_\_ 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 2010 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 TWO-YEAR-OLD 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:

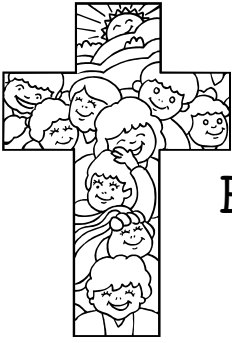
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**EMERGENCY TREATMENT RELEASE:**

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