

**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 09/01/12	_____ years _____ months

**THREE-YEAR-OLD, PRE-K AND KINDERGARTEN
2012-2013 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 2012-2013 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

- ____ Three Day Week (M/W/F)3's \$325.00
- ____ Five Day Week (M-F)3's \$400.00
- ____ Three Day Week (M/W/F)4's \$325.00
- ____ Five Day Week (M-F)4's \$400.00
- ____ 1/2 Day Kindergarten (M-F) \$400.00
- ____ Full Day Kindergarten (M-F) \$650.00

AFTERNOON SESSION

12:00 NOON ~ 2:30 PM

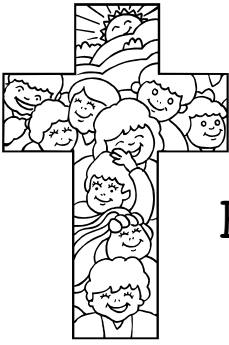
- ____ Enrichment (T/Th) \$ 95.00
- ____ Enrichment (M/W/F) \$165.00
- ____ Enrichment (M-F) \$250.00
- ____ Enrichment/Lunch Bunch (M-F) \$250.00
- ____ Lunch Bunch (T/Th) \$ 95.00
- ____ Lunch Bunch (M/W/F) \$130.00
- ____ Lunch Bunch (M-F) \$225.00
- ____ Lunch Bunch (per day) \$ 15.00

REGISTRATION

I have enclosed \$200.00 to register my child for 2012/2013. As required by the school's admission policy, the last month's tuition (May 2013) is due no later than March 31, 2012. I understand that May 2013 tuition may not be applied to any other month's tuition. **The registration fee and May 2013 tuition are non-refundable.**

Signed and Acknowledged _____ Date _____

Parent/Guardian



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FOR OFFICE USE:

Class: _____

Date Admitted: _____

Age: _____ years _____ months

2012-2013 THREE-YEAR-OLD, PRE-K AND KINDERGARTEN 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, Phone No. & Relationship)*

Name: _____

Name: _____

Does your child 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: _____

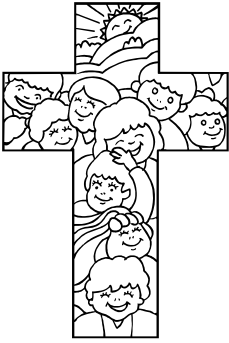
Names and telephone numbers of individuals who will be responsible for picking up my child *(other than parents)*:

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

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

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

Any special information that you wish to share with the school:



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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 will provide during Orientation, the Parent/Student Handbook which includes the Enrollment Policy/Non-Discrimination Policy, the Discipline Guidelines and the Meal Agreement. I will 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

"Christ Memorial Lutheran Early Childhood Learning Center admits students of any race, religion, color, or nationality."