



## Christ Memorial Lutheran Early Childhood Learning Center

Christ Memorial Lutheran ECLC 14200 Memorial Drive - Houston, Texas 77079

(281) 497-2055 ECLCOFFICE@CMLHOUSTON.ORG www.CMLECLC.org

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

### 2026 - 2027 Enrollment Form - BRIDGE to KINDERGARTEN

I hereby make an application for the admission of my child to Christ Memorial Lutheran Early Childhood Learning Center for the 2026 - 2027 school term..

Child's Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Male/Female

MM DD YY (Circle One)

Home Address: \_\_\_\_\_ Zip Code \_\_\_\_\_

Mom's Name: \_\_\_\_\_ Mom's Cell #: \_\_\_\_\_

Mom's Occupation: \_\_\_\_\_ Mom's Email: \_\_\_\_\_

Dad's Name: \_\_\_\_\_ Dad's Cell #: \_\_\_\_\_

Dad's Occupation: \_\_\_\_\_ Dad's Email: \_\_\_\_\_

Does your child speak English? \_\_\_\_\_ What language is spoken at home? \_\_\_\_\_

Does your child have preschool experience? \_\_\_\_\_ If so, where? \_\_\_\_\_

Siblings who will be attending CML (please list names & ages): \_\_\_\_\_

Church Affiliation: \_\_\_\_\_ How did you hear about CML? \_\_\_\_\_

What first name would you like on the child's school bag? \_\_\_\_\_

#### STUDENT HEALTH

Please list any allergies, existing illnesses, previous serious illnesses/injuries, any hospitalizations during the past 12 months, and/or any medications prescribed for continuous, long-term use.

If applicable, INITIAL \_\_\_\_\_ I will provide a Food Allergy and Anaphylaxis Emergency Care Plan to CML.

#### EMERGENCY CONTACT

Person to be contacted in an emergency when the parent(s) cannot be reached.

Name	Address	Cell #	Relationship to Child
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#### RELEASE PERMISSION

Person(s) other than a parent to whom the child may be released.

Name	Cell #	Relationship to Child
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Name	Cell #	Relationship to Child
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#### Fee Schedule (Monthly Rate)

First payment is due September 1st. Tuition is due each month on the 1st and is considered late by the 5th.

#### Monday - Friday 8:45 am - 2:30 pm

\$650.00 per month

#### Extended Care: 7:45 - 8:45 am

\_\_\_\_ Five Day Week (M-F) \$100.00

I have enclosed a \$500.00 Registration Fee plus a \$200.00 Deposit to be applied to August 2026 tuition to enroll my child for the 2026-2027 school year. As required by CML's admission policy, the balance of August 2026 is due no later than March 31, 2026. I understand that August 2026 tuition may not be applied to any other month's tuition. **Registration fees and August 2026 tuition are non-refundable. No sibling discounts will be applied to the August tuition.**

Registration & Deposit Payment \_\_\_\_Vanco \_\_\_\_Check \_\_\_\_Cash

Parent/Guardian Signed & Acknowledged \_\_\_\_\_ Date \_\_\_\_\_