

Registration Form

**LANCASTER
CHRISTIAN
ACADEMY
EARLY LEARNING CENTER**

Today's Date _____

Parent's Name _____

Address _____

City _____ State _____ Zip _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____

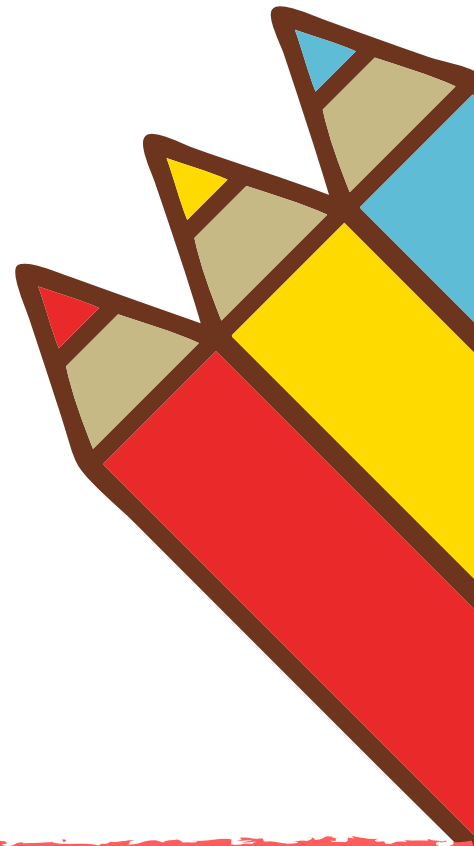
Email Address: _____

Child's Name: _____

Child's Age _____ Child's Birthday _____

Expected Start Date _____

Has your child ever been asked to leave another
childcare center/school? If yes, please explain ...



For Office Use Only

Shot Record _____

Birth Certificate _____

Book Fee _____

Registration Fee _____

Supply Fee _____

Info Packet Completed _____

ACH Form _____

Class Placement _____

Start Date _____

Lancaster Christian Early
Learning Center
Smyrna

201 Mayfield Drive
Smyrna, TN 37167

615.220.5656

Registration Fee
Non-Refundable: \$100