



Registration Packet

Welcome to Lancaster Christian Early Learning Center. Your registration fee has been received. We have a spot reserved for your child. To complete your child's enrollment please provide the following information prior to the first day of school. The enclosed registration forms, including ACH draft form, a white immunization record from your doctor, and a copy of their birth certificate will need to be turned into the office prior to enrollment date.

The first day of school your child should bring the following:

- 1) Backpack (no rollers)
- 2) Complete change of clothes labeled to be left in backpack
- 3) Crib sheet for cot with blanket, and pillowcase
- 4) Diapers and wipes if necessary
- 5) A supply fee of \$30.00
- 6) Book fee of \$100.00 Abeka curriculum & bible books (only Age 2+)

Each parent will receive a parent handbook to be read and acknowledged by signing the form on the back and returning to the office prior to admission.

***All personal items should be labeled with child's name ***

Lancaster Christian Early Learning Center
REGISTRATION PACKET
3721 Manson Pike, Murfreesboro, TN 37129
615-962-7070

Date: _____

Child's Name: _____

Name to be used at school: _____

Birth date: _____ Sex: _____

Child's Home Address: _____

City/State: _____

Home phone: _____

PARENT /GUARDIAN INFORMATION

Mother/Guardian Name: _____ SS#: _____

Address: _____

Home phone: _____ Work phone: _____

Cell phone #: _____ Occupation: _____

Employer: _____

Email: _____

Father/Guardian Name: _____ SS#: _____

Address: _____

Home phone #: _____ Work phone: _____

Cell phone #: _____ Occupation: _____

Employer: _____

Email: _____

How did you hear about our school? _____

FOR OFFICE USE ONLY

Reg.Fee Paid _____

Date _____

Background Information

Does your child have any allergies? If yes, give details. If food allergies a doctor's note is needed.

Does your child have any known medical conditions/problems? If yes, give details

Does your child have previous preschool experience? If yes give details

What are your child's favorite toys? _____

Does your child prefer to play: _____ alone _____ with siblings

_____ with adults _____ with older children _____ with same age children

Do you consider your child: _____ easy to handle _____ hard to handle

Does your child have any fears? If yes, please provide details.

Are there now or have there been any stresses in the home which may be affecting your child? _____

Child's strengths: _____

Child's weaknesses: _____

What method of discipline is used in the home?

Lancaster Christian Pick---up Authorization

Lancaster Christian enforces a strict pick---up policy. If a person who comes to the center to pick-up your child is not listed below, your child will not be released to them unless we have received prior written permission and obtain verbal confirmation of the information.

The following people are authorized to pick up _____ on a regular basis. I understand that they will be asked for a picture I.D. until preschool staff becomes acquainted with them by sight.

Name: _____ Phone: _____

Address: _____

Relationship: _____

Name: _____ Phone: _____

Address: _____

Relationship: _____

Name: _____ Phone: _____

Address: _____

Relationship: _____

Name: _____ Phone: _____

Address: _____

Relationship: _____

Name: _____ Phone: _____

Address: _____

Relationship: _____

Name: _____ Phone: _____

Address: _____

Relationship: _____

If there is a change in pick-up authorization, please notify teacher to update and update this form.

If there are any people who are specifically NOT AUTHORIZED to pick up your child, please list below:

Name _____ Relationship _____

Name _____ Relationship _____

Please be aware that we cannot deny a parent or legal guardian access to a child unless we have a restraining order or custody papers.

Mother's signature _____ **Date** _____

Father's signature _____ **Date** _____

MEDICAL EMERGENCY AUTHORIZATION

Child's Name _____

Child's Primary Care Physician _____

Address and Phone _____

Child's Dentist _____

Address and Phone _____

Persons Authorized to Give Medical Treatment (Other Than a Parent)

Name _____ Phone _____

Address _____

Relationship _____

Name _____ Phone _____

Address _____

Relationship _____

First Aid

I authorize Lancaster Christian to administer first aid as deemed necessary in case of an emergency.

Mother's signature _____ **Date** _____

Father's signature _____ **Date** _____

Emergency Care

I give my permission to Lancaster Christian staff to call the physician and authorized adults listed above in case of emergency. I also give my consent to have my child taken for treatment to a hospital or closest source of medical assistance if he/she is injured or ill. I agree to be responsible for any emergency costs.

Mother's signature _____ **Date** _____

Father's signature _____ **Date** _____

PERMISSION TO USE ARTWORK AND PHOTOGRAPHS

I give permission for _____'s artwork and photographs to be used in the ELC, but not limited to, advertising, brochures and newsletters. In addition, photographs may be used on our school website and local newspapers without the names of the individual children being published.

Mother's signature _____ **Date** _____

Father's signature _____ **Date** _____

LANCASTER CHRISTIAN EARLY LEARNING CENTER PARENT CONTRACT

Lancaster will make every effort to ensure the success of children and families in our program. However, if it is determined that this is not possible, we reserve the right to terminate enrollment, giving the family the opportunity to find another option for the care of their child.

We will offer a grace period for this transition, but not if the education, care, or safety of the other children is compromised. Involuntary withdrawal may occur as a result of:

- Non---payment of tuition or fees
- Both parent support and community resources have been utilized and the child's behavior is disruptive to the normal routines of the class and/or compromises the education, care or safety of the other children enrolled in the program.
- Lack of parent cooperation with the school to address specific concerns.
- The inability of our program to meet the needs of the student.
- Consistent failure to follow policies as outlined in the Parent Handbook.

I understand the preceding policies and agree to abide by them.

Mother's signature _____ **Date** _____

Father's signature _____ **Date** _____

ACH Draft Authorization Form Tuition Payments for Lancaster Christian Early Learning Center

Student's Name _____

Account Holder's Name(s) _____

Bank Name _____

_____ Checking _____ Savings _____ Other

Account Number _____

Routing Number _____

Amount to be debited \$_____ **Weekly**

I authorize Lancaster Christian Early Learning Center to debit my account for the above amount each week.

Signature _____ **Date** _____

(Please attach a voided check here)