



## 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 A beka 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  
201 Mayfield Dr.  
Smyrna, TN 37167  
615-220-5656

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? \_\_\_\_\_

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.

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

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

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What are your child's favorite toys? \_\_\_\_\_

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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.

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

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Child's strengths: \_\_\_\_\_

Child's weaknesses: \_\_\_\_\_

What method of discipline is used in the home?

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## 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: \_\_\_\_\_

In case of a change on pick-up authorization, please notify teacher to update this form.

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

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 Doctor \_\_\_\_\_

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 \_\_\_\_\_

Bank Name \_\_\_\_\_

\_\_\_\_\_ Checking      \_\_\_\_\_ Savings      \_\_\_\_\_ Other

Account Number \_\_\_\_\_

Routing Number \_\_\_\_\_

Amount to be debited each week \$ \_\_\_\_\_

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)