



## LCS EARLY LEARNING CENTER APPLICATION FOR ADMISSION

1236 Pegues Place • Longview, TX 75601 • Phone: 903-297-3501 • Fax: 903-212-2541

<b>CHILD'S NAME</b>			
<b>STREET ADDRESS</b>		<b>CITY/ZIP</b>	
<b>GENDER</b>	<input type="checkbox"/> Male <input type="checkbox"/> Female		<b>DATE OF BIRTH</b>
<b>AGE</b>		<b>DATE ENTERING</b>	

PLEASE LIST PARENT(S) OR GUARDIAN(S) WITH WHOM THE CHILD IS PRESENTLY RESIDING			
<b>NAME</b>		<b>NAME</b>	
<b>RELATIONSHIP TO CHILD</b>		<b>RELATIONSHIP TO CHILD</b>	
<b>ADDRESS</b>		<b>ADDRESS</b>	
<b>OCCUPATION</b>		<b>OCCUPATION</b>	
<b>EMPLOYER</b>		<b>EMPLOYER</b>	
<b>BUSINESS PHONE</b>		<b>BUSINESS PHONE</b>	
<b>HOME PHONE</b>		<b>HOME PHONE</b>	
<b>CELL PHONE</b>		<b>CELL PHONE</b>	
<b>EMAIL ADDRESS</b>		<b>EMAIL ADDRESS</b>	

OTHER CHILDREN LIVING WITH THE FAMILY			
NAME	BIRTHDATE	GRADE	SCHOOL

<b>DOES THE CHILD HAVE ANY LEARNING DIFFERENCES OF WHICH WE NEED TO BE AWARE? IF YES, PLEASE EXPLAIN BELOW.</b>
<input type="checkbox"/> Yes <input type="checkbox"/> No

**BY SIGNING THE APPLICATION BELOW, YOU ACKNOWLEDGE THAT THE ABOVE INFORMATION IS ACCURATE AND THAT YOU HAVE RECEIVED A COPY OF THE ELC PARENT HANDBOOK.**

<b>FATHER/STEPFATHER/GUARDIAN SIGNATURE</b>	<b>DATE</b>
<b>MOTHER/STEPMOTHER/GUARDIAN SIGNATURE</b>	<b>DATE</b>



## LCS EARLY LEARNING CENTER MEDICAL CONSENT FORM

<b>CHILD'S NAME</b>		
<input checked="" type="checkbox"/>	<b>WE GIVE PERMISSION FOR LCS TO ADMINISTER (CHECK ALL THAT APPLY):</b>	
	Minor First Aid	
	Infant/Children's Ibuprofen	<b>PLEASE NOTE:</b> We are required to administer medication according to directions on the bottle unless you provide a doctor's note.
	Infant/Children's Acetaminophen	
<b>Children must have their own non-prescription medication that will be stored in the office. Prescription medications must be in the original containers with the child's name on it.</b>		

<b>EMERGENCY CONTACTS:</b> In the event of an injury or illness, every attempt will be made to contact the parents/guardians listed on the application. Please list at least two individuals to contact below in the event that you cannot be reached.		
<b>NAME</b>	<b>RELATIONSHIP</b>	<b>PHONE NUMBER &amp; ADDRESS</b>
<b>IF A PARENT OR GUARDIAN CANNOT BE REACHED, PERMISSION IS ( <input type="checkbox"/> GRANTED <input type="checkbox"/> NOT GRANTED ) TO TRANSPORT MY CHILD TO THE HOSPITAL DESIGNATED BELOW:</b>		
<input type="checkbox"/> GOOD SHEPARD MEDICAL CENTER - 700 E. Marshall Avenue Longview, TX 903-315-2000		
<input type="checkbox"/> LONGVIEW REGIONAL MEDICAL CENTER - 2901 N. Fourth Street Longview, TX 903-758-1818		

<b>DOCTOR'S NAME</b>	<b>PHONE NUMBER &amp; ADDRESS</b>

<b>ALLERGIES AND OTHER MEDICAL INFORMATION</b>
<input type="checkbox"/> NONE <input type="checkbox"/> YES PLEASE LIST:
<b>WELLNESS ASSERTION</b>
<input type="checkbox"/> MY CHILD IS PHYSICALLY FIT TO PARTICIPATE IN ALL AGE-APPROPRIATE PHYSICAL ACTIVITY INCLUDING PE CLASSES AND OUTDOOR PLAY. (DOCTOR'S WELLNESS STATEMENT MUST BE PROVIDED WITHIN 1 YEAR.)
<input type="checkbox"/> MY CHILD IS <b>NOT</b> PHYSICALLY FIT TO PARTICIPATE IN ALL-AGE APPROPRIATE PHYSICAL ACTIVITY. (PLEASE GIVE SPECIFIC DETAILS ON A SEPARATE PAGE.)

<b>SIGNATURE OF PARENT/GUARDIAN</b>	<b>DATE</b>
<b>SIGNATURE OF PARENT/GUARDIAN</b>	<b>DATE</b>

<b>REQUIRED ATTACHMENTS:</b>
<input type="checkbox"/> CURRENT SHOT RECORD* (REQUIRED FOR PRIOR TO ACCEPTANCE) *DOCTOR'S OFFICE MAY FAX DIRECTLY TO 903-212-2541.
<input type="checkbox"/> DOCTOR'S WELLNESS STATEMENT (MUST BE PROVIDED WITHIN 1 YEAR OF ENROLLMENT)



## LCS EARLY LEARNING CENTER RESTRICTED PICK-UP FORM

<b>LEGAL GUARDIAN (CUSTODIAN) NAME</b>		
<b>STUDENT'S NAME(S)</b>		
<b>THE FOLLOWING INDIVIDUAL(S) HAVE PERMISSION TO PICK UP THE CHILD(REN) LISTED ABOVE FROM THE PREMISES OF LONGVIEW CHRISTIAN SCHOOL. PROOF OF IDENTITY REQUIRED.</b>		
<b>NAME</b>	<b>RELATIONSHIP</b>	<b>PHONE NUMBER</b>
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<b>NAME</b>	<b>RELATIONSHIP</b>	<b>PHONE NUMBER</b>
<b>NAME</b>	<b>RELATIONSHIP</b>	<b>PHONE NUMBER</b>
<b>LEGAL GUARDIAN (CUSTODIAN) SIGNATURE</b>		



## LCS EARLY LEARNING CENTER TUITION RATES

Infants (6 weeks – 18 months)	\$605 monthly
Toddlers (18 months – 35 months)	\$520 monthly
Preschool (36 months – PK)	\$500 monthly
MWF	\$370 monthly
TTh	\$240 monthly
Afterschool Program (K – 12 years)	\$260 monthly \$ 15 daily
Summer Program (K – 12 years)	\$435 monthly
MWF	\$315 monthly
TTh	\$210 monthly

### Fees

Registration Fee (Non-Refundable)	\$ 65 per family
Supply Fee (Quarterly)	\$ 65 per child

*A late fee will be charged to any account paid after close of business on the last Monday of the month. A \$25 service charge will be collected for all returned checks. The student will forfeit their space if tuition is delinquent.*

*Supply Fees are charged March 1st, June 1st, September 1st, and December 1st. Supply Fees are non-refundable.*

*Holidays have been taken into account when computing tuition charges, therefore, there will be no reimbursement for holidays the facility is closed. All rates apply regardless of sickness, holidays, vacation, or weather changes. Tuition is due each month even if the child does not attend. Staffing and other operational expenses are arranged on the basis of fixed enrollment levels and must be met on a continuing basis.*

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_