



## 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"/> CHRISTUS GOOD SHEPHERD 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>
<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>LEGAL GUARDIAN (CUSTODIAN) SIGNATURE</b>		



## LCS EARLY LEARNING CENTER TUITION RATES

**All tuition must be paid in advance.** For your convenience, we offer two payment options: monthly and weekly. Families on the monthly payment plan must pay the monthly tuition in full before their student is dropped off on the 1<sup>st</sup> school day of the month. Families on the weekly plan must pay the weekly tuition in full before their student is dropped off on the 1<sup>st</sup> school day of each week (normally Monday). Those on the weekly tuition plan will pay slightly more over the course of the full year. **Students may not be dropped off if tuition has not been paid.**

### Tuition Rates

**Please Circle Your Choice**

Program	Monthly	Weekly
Infants (6 weeks – 18 months)	\$605	\$152
Toddlers (18 months – 35 months)	\$520	\$130
Preschool (36 months +)	\$500	\$125
3 Days/Week – M/W/F	\$370	\$93
2 Days/Week – T/Th	\$240	\$60
Afterschool Program (K – 12 years)	\$260	\$65
Summer Program (K – 12 years)	\$435	\$109
3 Days/Week – M/W/F	\$315	\$79
2 Days/Week – T/Th	\$210	\$53

### Fees

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

*A \$25 service charge will be collected for all returned checks.*

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

**Supply Fees are non-refundable.**

*All rates apply regardless of sickness, holidays, vacation, or weather changes.*

*Tuition is due each month/week even if the child does not attend. Staffing and other operational expenses are arranged based on fixed enrollment levels and must be met on a continuing basis.*

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