



LCS EARLY LEARNING CENTER APPLICATION FOR ADMISSION

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

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

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

OTHER CHILDREN LIVING WITH THE FAMILY			
NAME	BIRTHDATE	GRADE	SCHOOL

DOES THE CHILD HAVE ANY LEARNING DIFFERENCES OF WHICH WE NEED TO BE AWARE? IF YES, PLEASE EXPLAIN BELOW.
<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.

FATHER/STEPFATHER/GUARDIAN SIGNATURE	DATE
MOTHER/STEPMOTHER/GUARDIAN SIGNATURE	DATE



LCS EARLY LEARNING CENTER MEDICAL CONSENT FORM

CHILD'S NAME		
<input checked="" type="checkbox"/>	WE GIVE PERMISSION FOR LCS TO ADMINISTER (CHECK ALL THAT APPLY):	
	Minor First Aid	
	Infant/Children's Ibuprofen	PLEASE NOTE: We are required to administer medication according to directions on the bottle unless you provide a doctor's note.
	Infant/Children's Acetaminophen	
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.		

EMERGENCY CONTACTS: 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.		
NAME	RELATIONSHIP	PHONE NUMBER & ADDRESS
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:		
<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		

DOCTOR'S NAME	PHONE NUMBER & ADDRESS

ALLERGIES AND OTHER MEDICAL INFORMATION
<input type="checkbox"/> NONE <input type="checkbox"/> YES PLEASE LIST:
WELLNESS ASSERTION
<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 NOT PHYSICALLY FIT TO PARTICIPATE IN ALL-AGE APPROPRIATE PHYSICAL ACTIVITY. (PLEASE GIVE SPECIFIC DETAILS ON A SEPARATE PAGE.)

SIGNATURE OF PARENT/GUARDIAN	DATE
SIGNATURE OF PARENT/GUARDIAN	DATE

REQUIRED ATTACHMENTS:
<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

LEGAL GUARDIAN (CUSTODIAN) NAME		
STUDENT'S NAME(S)		
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.		
NAME	RELATIONSHIP	PHONE NUMBER
NAME	RELATIONSHIP	PHONE NUMBER
NAME	RELATIONSHIP	PHONE NUMBER
NAME	RELATIONSHIP	PHONE NUMBER
NAME	RELATIONSHIP	PHONE NUMBER
LEGAL GUARDIAN (CUSTODIAN) SIGNATURE		



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 1st 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 1st 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: _____