



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 THE 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.

YES NO

BY SIGNING THE APPLICATION BELOW, YOU ACKNOWLEDGE THAT THE ABOVE INFORMATION IS ACCURATE AND 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 (GRANTED NOT GRANTED) TO TRANSPORT MY CHILD TO THE HOSPITAL DESIGNATED BELOW:

CHRISTUS GOOD SHEPARD MEDICAL CENTER - 700 E. Marshall Avenue, Longview, TX 903-315-2000
 LONGVIEW REGIONAL MEDICAL CENTER - 2901 N. Fourth Street, Longview, TX 903-758-1818

DOCTOR'S NAME	PHONE NUMBER & ADDRESS

ALLERGIES AND OTHER MEDICAL INFORMATION

NONE YES PLEASE LIST:

WELLNESS ASSERTION

MY CHILD IS PHYSICALLY FIT TO PARTICIPATE IN ALL AGE-APPROPRIATE PHYSICAL ACTIVITY INCLUDING PE CLASSES AND OUTDOOR PLAY.
 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:

CURRENT SHOT RECORD
 DOCTOR'S WELLNESS STATEMENT



LCS EARLY LEARNING CENTER SUNSCREEN AND INSECT REPELLENT POLICY

CHILD'S NAME	
---------------------	--

Sunscreen and insect repellent should be applied to the child at least once at home to test for any allergic reaction. Aerosols, sprays and combined sunscreen/insect repellents are prohibited.

Sunscreen must provide UVB and UVA protection with an SPF of 15 or higher. Sunscreen may not be used on infants under 6 months of age, unless parent permission below is granted.

All sunscreen and insect repellent provided by a parent/guardian must be:

- provided in the original container;
- clearly labeled with the child's full name
- within the expiration date;
- Appropriate for the age of the child
- Free of nut ingredients.

SPECIAL INSTRUCTIONS – Please provide any special instructions needed for your child below.

Sunscreen: _____

Insect Repellent: _____

SIGNATURE OF PARENT/GUARDIAN	DATE



LCS EARLY LEARNING CENTER RESTRICTED PICK-UP FORM

LEGAL GUARDIAN (CUSTODIAN) NAME	
--	--

CHILD'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
------	--------------	--------------

--	--	--

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

--	--



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

Program	Monthly	Weekly
Infants (6 weeks – 18 months)	\$700	\$175
Toddlers (18 months – 35 months)	\$620	\$155
Preschool (36 months +)	\$600	\$150
3 Days/Week – M/W/F	\$420	\$105
2 Days/Week – T/Th	\$280	\$70
Afterschool Program (K – 12 years)	\$300	\$75
Summer Program (K – 12 years)	\$525	\$132
3 Days/Week – M/W/F	\$390	\$98
2 Days/Week – T/Th	\$260	\$65

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.

Please Select Your Tuition Option: Monthly Weekly

Parent Signature: _____ **Date:** _____