

Mount Hermon Early Learning Center Enrollment Form

(A \$100 non-refundable registration fee must be returned with this form.)
Please return to the E.L.C. Director's office or the church office, attn.: Brenda Smith.

Child's Complete Name _____
Prefers to be called _____ **Birth Date** _____ **Sex** _____

Program option you prefer

- Monday-Friday
 Monday- Thursday
 Tuesday-Thursday

Parents=Relationship to Each Other: Married Divorced Separated Single
(If divorced, a copy of the Divorce Decree noting guardianship, days of visitation, etc. must accompany this form.)

Child lives with (please check all that apply):

Mother and Father Mother Father Other _____

Father's Name _____ **Driver's License** _____
Home Address _____ **Phone** _____
City _____ **State** _____ **Zip** _____
Occupation _____ **Employer** _____
Work Phone _____ **Pager** _____ **Mobile** _____
Email Address _____

Mother's Name _____ **Driver's License** _____
Home Address _____ **Phone** _____
City _____ **State** _____ **Zip** _____
Occupation _____ **Employer** _____
Work Phone _____ **Pager** _____ **Mobile** _____
Email Address _____

Family religious preference _____

Church membership _____

How did you find out about our program? _____

Allergies – Please List: _____

List at least one local person who will be available to assume responsibility for your child in an emergency if parents cannot be reached.

Name _____ **Relationship to child** _____
Address _____ **Driver's License** _____
City _____ **State** _____ **Zip** _____
Occupation _____ **Employer** _____
Work Phone _____ **Home Phone** _____ **Mobile** _____
Email Address _____

Both parents' initial _____

Release of Child

I authorize that my child, _____, be released by the Mount Hermon Baptist Early Learning Center to the following persons, in addition to those already listed on this form.

Name _____ Relationship to child _____
Address _____ City _____ State _____ Zip _____
Work Phone _____ Home Phone _____ Mobile Phone _____

Name _____ Relationship to child _____
Address _____ City _____ State _____ Zip _____
Work Phone _____ Home Phone _____ Mobile Phone _____

My child may not be released under any circumstances to _____

[] I authorize any photographs of my child, _____ may be used for promotional purposes of Mount Hermon Early Learning Center preschool programs.

[] I do not wish photographs of my child _____ be used for promotional purposes of Mount Hermon Early Learning Center preschool programs.

Emergency Medical Care

In the event that I cannot be reached to make arrangements for emergency medical attention, I authorize the Mount Hermon Baptist Early Learning Center staff to take my child to an Emergency Room or to the following physician or his/her associates for medical care.

Dr. _____ Hospital _____
Address _____ Phone _____
City _____ State _____ Zip _____
Special Instructions _____

I give consent for any and all treatment deemed necessary by the attending physician. (Attach a photocopy of your insurance card.)

(Signature of Parents/Guardians)

For Office Use Only	
Date of Interview _____	Date Registration Fee Paid _____
Date of Enrollment _____	Registration Fee Received by _____