

Mount Hermon Early Learning Center Enrollment Form

(A \$140 non-refundable registration fee must be returned with this form.)

Please return to the E.L.C. Director's office or the church office

Child's Complete Name _____

Prefers to be called _____ **Birth Date** _____ **Sex** _____

Program option you prefer:

<u>Fundamentals</u>	<u>K3</u>	<u>K4</u>	<u>K5 Kindergarten</u>
<input type="checkbox"/> Monday – Friday	<input type="checkbox"/> Monday – Friday	<input type="checkbox"/> Monday – Friday	<input type="checkbox"/> Monday – Friday
	<input type="checkbox"/> Monday – Thursday	<input type="checkbox"/> Monday – Thursday	
	<input type="checkbox"/> Tuesday – Thursday	<input type="checkbox"/> 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 _____
City _____ State _____ Zip _____
Occupation _____ Employer _____
Work Phone _____ Cell _____
Email Address _____

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

Name _____ Relationship to Child _____
Address _____
City _____ State _____ Zip _____
Work Phone _____ Cell _____

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 of Enrollment _____

Date Registration Fee Paid _____
Registration Fee Received by _____