

# Mount Hermon Early Learning Center Enrollment Form

(A \$175 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:

Fundamentals

Monday – Friday

K3

Monday – Friday

Monday – Thursday

Tuesday – Thursday

K4

Monday – Friday

Monday – Thursday

Tuesday – Thursday

K5 Kindergarten

Monday – Friday

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: \_\_\_\_\_

Previous Pre-Schools/Day Cares Attended: \_\_\_\_\_

Dates of Attendance: \_\_\_\_\_

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 Registration Fee Paid \_\_\_\_\_  
Date of Enrollment \_\_\_\_\_ Registration Fee Received by \_\_\_\_\_