

APPLICATION FOR ADMISSION AND SERVICE CONTRACT THE LEARNING CENTER PRESCHOOL

Student's Name _____ Sex _____ D.O.B. _____

Enrollment Date _____ Program _____

Student's Local Address _____

Mother's Name _____ Best Phone # _____

Father's Name _____ Best Phone # _____

Mother's Address if different from student _____

Father's Address if different from student _____

Mother's Additional Phone #'s _____

Father's Additional Phone #'s _____

Mother's E-Mail Address _____

Father's E-Mail Address _____

In the event we cannot reach either parent, we require a third party emergency contact person:

Name _____ Best Phone # _____

Relationship to Child _____ Additional Phone #'s _____

Child's Physician _____ Phone # _____

I authorize The Learning Center Preschool to seek medical care if I cannot be reached.

Parent's Signature _____

List the student's medical history and needs: allergies, behavioral and physical limitations (asthma, diabetes, seizures, etc.) In order to adequately assist, the directors are required to know each child's needs prior to enrollment.

I agree to comply with rules and regulations of The Learning Center Preschool regarding fees, attendance schedules and deadlines, illness policies and other items specified in the Parent Handbook or contract issued by the school. I understand that tuition continues in my child's absence. I am aware of the scheduled school holidays and closings and agree that I must provide alternate care on those days. I am aware that the school closes for emergencies with Palm Beach County. I agree to notify the school two weeks prior to withdrawal should such event occur, or pay two weeks of tuition when the contractual notice is not given.

Parent's Signature _____ **Date** _____