

Registration Information

Entrance Date: _____

Parent(s) Information:

Name: _____

First Name

Last Name

Name: _____

First Name

Last Name

Address: _____

Street

City/Town

State

Zip Code

Phone Number(s): Home: (____) _____ Work: (____) _____
Alternate (____) _____

Child lives with: ___ Mother ___ Father ___ *Guardian (must have copy of guardianship papers)

Child Information:

Name: _____ SSN: ____-____-____

First Name

Last Name

Name he/she prefers to be called: _____ Birthday (mm/dd/year) _____

Age: _____ Grade: _____ School: _____

The following people have my permission to pick my child up from the Learning Express Center:

Name	Phone Number	Relationship

Parent(s) Signature: _____ Date: _____

Emergency Information

My Child is allergic to:

Medicine	Food

***To administer medication, medical documentation must be on file.**

In case of emergency, please contact:

Name	Relationship	1st Number	2nd Number

Miscellaneous

Initial the following:

I give permission for my child to have emergency medical care. _____

I give permission for my child's picture to be used in any publication. _____

I understand that my child has to be signed in and out of the Learning Express Center facility by an adult each day. _____

I understand that my child has to be picked by their schedule time. There is a late pick-up fee that must be paid the same day the late pick-up occurs. The first minute late is \$5.00 and each additional minute is \$1:00. _____

I understand that payment of tuition is due, in full, on the first day of each month. _____

I understand that if my tuition payment is late, a \$35.00 late fee is administered and my child may not return to the Learning Express Center facilities until full payment is received. _____.

I understand that if I pay by check, that I am responsible for all fees in the event my check is returned unpaid and my child may not return to the Learning Express Center until tuition and fees are paid in full. _____