Let’s Grow Learning Center Admission Information

Operation Name: Director’s Name:

Let’s Grow Learning Center Karli Bates

Child’s Full Name: Child’s DOB:

Child’s Home Address:

Both Parents Name:

Parents Address:

Mother’s cell number: Work number: Dad’s cell number: Work number:

Mother’s Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Father’s Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I choose for my child to be in LGLC for (put an “x” in the preferred time):

\_\_\_ 7:00 – 2:45 = $402.00/month

\_\_\_ 7:00 – 5:30 = $487.00/month

\_\_\_ Afterschooler = $145.00/month (Public Pre-K and Kinder only)

List any special problems that your child may have, such as allergies, existing illness, previous serious illness, injuries and hospitalization during the past 12 months, any medication prescribed for long-term continuous use, and any other information which caregivers should be aware of. Students must be potty trained to start the program at LGLC.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Signature Date