



**COKER**  
 United Methodist Church  
**EARLY LEARNING CENTER**  
**2012-2013 ENROLLMENT**

OFFICE USE ONLY	
Date Received	_____
Fall Registration Fee \$	_____
Summer Registration Fee \$	_____
Check # _____	Cash _____
Emergency Information	_____
Medical Form _____	Shot Record _____
Teacher/Days	_____
Afternoon Enrichment Day(s)	_____

**ADMISSION REQUIREMENT:** The state requires the following information to be completed in its entirety and be on file in the CELC office. Each field must contain the information requested or a response of not applicable (N/A) and signed by a parent or legal guardian. Incomplete form may delay class placements.

**Child's Name** \_\_\_\_\_ Name used, if different \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender \_\_\_\_\_ Date of Admission \_\_\_\_\_

Child's Address \_\_\_\_\_ City, State & Zip Code \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ Main Email Address \_\_\_\_\_

<b>Mother's Name</b> _____	Cell Phone # _____	Work Phone # _____	Occupation _____
Address if different from child's address _____		City, State & Zip Code _____	
<b>Father's Name</b> _____	Cell Phone # _____	Work Phone # _____	Occupation _____
Address if different from child's address _____		City, State & Zip Code _____	

<b>1st Emergency Contact</b>	Name _____	Phone( ) _____
Address _____		City, State & Zip Code _____ Relationship to child _____
[ ] Has permission to pick up all children in family		[ ] Does NOT have permission to pick up all children in family
<b>2nd Emergency Contact</b>	Name _____	Phone( ) _____
Address _____		City, State & Zip Code _____ Relationship to child _____
[ ] Has permission to pick up all children in family		[ ] Does NOT have permission to pick up all children in family
<b>3rd Emergency Contact</b>	Name _____	Phone( ) _____
Address _____		City, State & Zip Code _____ Relationship to child _____
[ ] Has permission to pick up all children in family		[ ] Does NOT have permission to pick up all children in family

Is there anyone to whom your child **MAY NOT** be released? [ ] Yes [ ] No

If yes, please name \_\_\_\_\_

Name of Physician \_\_\_\_\_ Phone # \_\_\_\_\_

Physician's Address \_\_\_\_\_ City, State & Zip Code \_\_\_\_\_

Are there any special conditions that your child may have such as allergies, existing illness, previous serious illness, or prescribed long-term medication [ ] Yes [ ] No If yes, please list information which caregiver's should be aware of :

\_\_\_\_\_

\_\_\_\_\_

**A \$125 NON-REFUNDABLE REGISTRATION FEE (+\$65 for each additional sibling) IS DUE WITH THIS APPLICATION.**

Please indicate who is responsible for payment of tuition and fees:

- Parents – Same address
- Mother
- Father
- Adult other than parents (please complete below)

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State & Zip Code \_\_\_\_\_ Phone(    ) \_\_\_\_\_

Church Affiliation \_\_\_\_\_ Referred to us by \_\_\_\_\_

Previous school experience, if any \_\_\_\_\_

**Water Activities:** I hereby \_\_\_give \_\_\_do not give my consent for my child to participate in:

\_\_\_sprinkler play \_\_\_splashing/wading pools \_\_\_swimming pools \_\_\_water play table

**Photo/Video Release:** I hereby \_\_\_give \_\_\_do not give my consent for pictures/videos of my child to be taken. We have a lot of fun at Coker and like to send pictures home of our activities.

Please state additional information that would be helpful to our Coker Early Learning Center staff.

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**Tuition:** One-half of your first month's total tuition is due no later than June 8, 2012. This is a non-refundable fee and will be applied to your September tuition payment.

PARENT'S SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_