The Learning Center is a preschool ministry of Open Door Baptist Church. We serve children ages 2-5, Monday through Friday from 8:30am-noon. Our desire is to equip your children with the knowledge and skills they need to be fully prepared for Kindergarten while being taught in a loving, safe and curriculum rich environment. More importantly, we want to partner with you to give them a firm foundation in their relationship with Jesus Christ. We are so excited you are choosing to become part of the TLC family and allowing us be a part of your child/children’s preschool years.

**Important dates for the 2018-2019 school year:**
Meet-N-Greet Night will be the evening of Tuesday, September 4th.
The first day of school will be Wednesday, September 5th.
Classes will be divided by the age of the child on September 1st, 2018.

**Registration Fee / Tuition:**

$60 non-refundable registration fee per child (due upon registration).
Monthly tuition of $160, which is due on the first of each month.
First child tuition is $160, each additional child is $120 each.

**Other Important Info:**
Your child’s daily needs include... A snack box with snack from home, a bookbag (big enough to hold a plastic poly folder), spare clothes, and diapers/wipes (if they are in the 2yo class) and outdoor appropriate weather gear.

If you have any questions, please feel free to contact us:
The Learning Center office – 638-5216
Open Door Baptist Church office – 638-5211
Email: thelearningcenterODBC@gmail.com
http://www.opendoorwalhalla.com/The-Learning-Center
The Learning Center
2018-2019 Enrollment Form

Child’s Name: ____________________________  Prefers to be called: ____________________________

Child’s Address: ____________________________  Birthday: ____________________________

Parent/Guardian #1: ____________________________  Relationship to child: ____________________________

Address: ____________________________________________________

Home Phone: ____________________________  Cell Phone: ____________________________

Driver’s license #: ____________________________

Job/Place of employment: ____________________________  Can you receive calls at work YES / NO

Job title / what do you do at work? ____________________________

Work Phone: ____________________________  Ext: ____________________________

Email address: ____________________________________________________

*Please put a * by the best way for me to reach you to communicate with you about your child.*

Parent/Guardian #2: ____________________________  Relationship to child: ____________________________

Address: ____________________________________________________

Home Phone: ____________________________  Cell Phone: ____________________________

Driver’s license #: ____________________________

Job/Place of employment: ____________________________  Can you receive calls at work YES / NO

Job title / what do you do at work? ____________________________

Work Phone: ____________________________  Ext: ____________________________

Email address: ____________________________________________________

*Please put a * by the best way for me to reach you to communicate with you about your child.*

Child lives with: ____________________________________________________

Child’s siblings and grade levels/ages:

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OTHER Emergency Contact Person: In the event of an emergency and the mother or father cannot be reached, who may we call?

Name: ____________________________ Relationship to child: ____________________________

Address: ________________________________________________________________

Phone: (H) __________________ (C) __________________ (W) __________________

Employer: ________________________________________________________________

Occupation: ________________________________________________________________

Who is authorized to pick up your child other than parents?

Name: ____________________________ Driver’s license # ____________________________

Name: ____________________________ Driver’s license # ____________________________

Name: ____________________________ Driver’s license # ____________________________

All authorized persons must show driver’s license when picking up child for identification purposes.

Is there anyone who is NOT authorized to pick up your child?

Name: ____________________________

Name: ____________________________

Please list any medical condition your child has? ______________________________________

Does your child have any allergies? _______________________________________________

Does your child have any special fears we should know about? __________________________

Is your child potty trained? YES / NO (A circled YES means they are using the potty and wearing underwear/panties all day, every day. Pull-ups DO NOT count as being potty trained unless they are only worn at night. Your child MUST be potty trained to be in a 3-year-old class here at The Learning Center. Children who are not potty trained before school starts, will NOT be able to attend in the three year old classroom.

Would you like to volunteer or substitute at the The Learning Center? If yes, volunteer, sub, or both?

Please bring a copy of your child’s immunization record to have on file in the office. We do not need the immunization form when you register, but will need it before school starts in September.
Tell us more about your child

Important medical information:


Allergies:


My child's interest and/or hobbies include:


Something my child is very successful at is:


Something my child has trouble with is:


My child's special qualities include:


My child approaches learning (check all that apply):

  _____ with excitement  _____ with curiosity  _____ with reluctance
  _____ with confidence  _____ with anxiety  _____ with interest

Other comments you'd like to share about your child and his/her learning:


Goals for my child in preschool are:


