

ALLERGIES:

Food YES NO If YES, please list: _____
(please indicate by circling)

Non-Food YES NO If YES, please list: _____
(please indicate by circling)

Medications needed at school _____

Children with an EPI-PEN at school must have a completed Food Allergy Action Plan form on file in school office.

PLEASE COMPLETE THE FOLLOWING:

Name and ages of siblings: _____

Does child understand and speak English? Other languages spoken in the home: _____

Is your child toilet trained? _____

List any other schools/classes that your child attends: _____

Does your child have any special needs/ fears? _____

Please describe your child's personality: _____

HEALTH INFORMATION & EMERGENCY CONSENT:

(Physician & Phone) (Dentist & Phone)

List prior medical treatment / illnesses: _____

As the parent, agency representative, or legal guardian, I hereby give consent to LAUMC Children's Center to provide all emergency medical or dental care prescribed by a licensed physician or dentist for my child. This care may be given under whatever conditions are necessary to preserve the life, limb or well-being of my child. I give permission for LAUMC Children's Center to call 911 if such need arises.

(Parent's signature) (Date)

- All applications submitted for classroom placement and or wait list placement must include a check for \$100. This Application Fee is non-refundable and is applicable only to the school year applied for. Submitting an application and application fee does not guarantee placement in a class.
- The Registration Fee equal to 20% of the annual tuition is due upon placement and is also non-refundable. The registration fee is applied to the final period of tuition – April to June 2020.
- Tuition is based on the annual fee and collected as follows – 20% at registration, 40% due July 2019, and 40% due February 2020.
- All classes are contingent upon sufficient enrollment.
- Withdrawal requires two weeks' notice. Tuition will be charged for those days attended, including the two week notice period.

My signature below will confirm my agreement with all the fees and policies stated above.

(Print Name) (Parent's Signature) (Date)

I authorize the use of my child's photos for the Children's Center Website - No names will be used.

(Parent's Signature)