



**EARLY LEARNING
CENTER**
-HLCA-

Registration

Please print clearly with blue or black ink.

Child's Full Name: _____ Birth Date: _____

Address: _____ Phone: _____

City: _____ State: _____ Zip Code: _____

School Child Attends: _____ Phone: _____

Mother's/Guardian Name: _____ **Phone:** _____

Address if different from child: _____

Place of Employment: _____ **Phone:** _____

Email: _____

Father's/Guardian Name: _____ **Phone:** _____

Address if different from child: _____

Place of Employment: _____ **Phone:** _____

Email: _____

Parent/Guardian with Legal Custody: _____

Parents Are: Married ___ Living Together ___ Divorced ___ Separated ___ Widowed ___ Single ___

Emergency Contacts

Primary Emergency Contact (other than parents or guardian): _____

Phone: _____ Work Phone: _____

Relationship to Child: _____

Secondary Emergency Contact (other than parents or guardian): _____

Phone: _____ Work Phone: _____

Relationship to Child: _____

Pick Up Information

Person(s) besides authorized to pick up my child: (besides parents, guardians or emergency pick-up)

1. _____
2. _____
3. _____
4. _____

Person(s) NOT authorized to pick up my child:

1. _____
2. _____
3. _____
4. _____

Please try to keep this form current. Please let us know as soon as possible if someone else is picking up your child. We will ask to see ID, please let said person know to be prepared to show their ID.

Parent Signature: _____

Date: _____

Emergency Release

Consent to Emergency First Aid & Transportation:

I Hereby give permission that my child, _____, may be given emergency treatment by a staff member at House of the Lord Christian Academy/Early Learning Center. I also give permission for my child to be transported by car or ambulance to an emergency center for treatment and agree to hold House of the Lord Christian Academy and its employees harmless.

Parent/Guardian: _____ Date: _____

Consent to Medical Care and Treatment

In the event that I cannot be contacted immediately medical or surgical treatment may be administered to my child in the case of an accident or emergency, as prescribed by a treating physician, and hold House of the Lord and its employees harmless.

Parent/Guardian: _____ Date: _____

Emergency Information

1. Physician: _____ Phone:() _____
2. Preferred Hospital: _____ Phone:() _____
3. Allergies: _____
4. Medication taken on a regular basis: _____
5. Special Health conditions: _____

Photo Release Form

Please be advised that your child will be photographed or video taped at various school sponsored events. Please read, sign and return form.

_____ YES, I give permission for my child's photograph and/or video to be posted on our school website, Facebook page, or brochure

_____ NO, my child's photograph and/or video may not be used on the website, Facebook page or brochure.

(Signature)

(Date)



Student Name: _____
First Last

Please choose:

School & After Care Packages:

- Preschool/Kindergarten (Monday – Thursday): \$237.50, 8 am – 11:30 am
- After School Care (Monday – Friday): \$180, 3pm – 5:30 pm
Includes Christmas and Spring Break space permitting – you must sign up in advance.
Excludes school closures due to weather and other emergencies.
- After School Care Plus (Monday-Friday): \$210, 6:30-7:30 am and 3 – 5:30 pm
Includes Christmas and Spring Break space permitting – you must sign up in advance.
Excludes school closures due to weather and other emergencies.

Monday-Friday Packages – Includes Preschool/Kindergarten

- Package #1: \$252.50, 6:30 am – 11:30 am
- Package #2: \$395, 6:30 am – 3:30 pm
- Package #3: \$485, 6:30 am – 5:30 pm
- Package #4: \$300, 11:30 am – 5:30 pm

Please note: Early drop off and late pickup outside of your package will be charged an additional \$10 for that day.

Drop In Care (call ahead, 208-437-2722):

Full Day (Over 5 Hours) - \$30
Half Day (Under 5 Hours) - \$20

- *Drop ins must pay the day of service.*
- *Drop ins must bring a lunch, two snacks, pillow, and blanket.*

Important: To avoid spreading germs and illness to other children and staff, ill children will not be accepted.
If you drop off an ill child, you will be called to return immediately and pick them up.

By signing I acknowledge:

- I have read and understand the agreement I have with House of the Lord Christian Academy's ("HLCA") Early Learning Center ("ELC") to provide for my child.
- I have provided HLCA ELC with up-to-date immunization records.
- I will provide a lunch and snack for my child.
- I will furnish a pillow and blanket for napping purposes and will take these items home daily to wash and return. Pillow and blanket must fit in backpack.
- I will keep my phone number and address current with HLCA ELC.

Signature: _____ Date: _____