

**ASCENSION CHILDREN'S LEARNING CENTER
ENROLLMENT FORM FOR 2009-2010**

Registration Fee: \$60.00/Family

Tuition for 5 full days:	\$556.00/Month	half	\$282.00/Month
4 full days:	\$446.00/Month	half	\$248.00/Month
3 full days:	\$350.00/Month	half	\$185.00/Month
2 full days:	\$240.00/Month	half	\$126.00/Month

Hourly rate: \$4.50 for Wrap Around Care

(\$100 is paid on account for Hourly Students.)

Tuition is due the 1st of each month unless other arrangements have been made with the director. A 10% late fee of the unpaid balance will be charged if not paid by the 10th each month.

Student Information:

Child's name _____ Age _____
Address _____ City _____
State _____ Zip _____ Phone _____
Allergies _____ Special Behaviors _____

Family Information:

Father's name _____
Address _____ City _____
State _____ Zip _____ Home Phone _____
Current employer _____ Work address _____
Work phone _____ Does Student live with parent? Yes No
List cell phone number if available _____

Mother's name _____
Address _____ City _____
State _____ Zip _____ Home Phone _____
Current employer _____ Work address _____
Work phone _____ Does student live with parent? Yes No
List cell phone number if available _____

RELEASE/CONSENT: As per rule by the state of Colorado Department of Human Services, please enter the names, addresses and phone numbers of persons authorized to pick up your child from Ascension Children's Learning Center. No other person will be allowed to pick up your child without your written consent. Any person listed that is unfamiliar with the staff will be asked for identification.

1. Name _____ Address _____ Phone _____

2. Name _____ Address _____ Phone _____

3. Name _____ Address _____ Phone _____

The above persons have my permission to pick up my child.

Parent/ Guardian Signature _____ Date _____

Parent/ Guardian Signature _____ Date _____

Agreement: I/We understand that enrollment in Ascension Children's Learning Center involves the following obligations.

1. Tuition will be paid on the 1st of each month unless arrangements are made with the Director. I realize that my child may have one unpaid vacation week per year. Full tuition will be paid even if my child is absent during the month. My child may be denied entrance if fees are not paid.
2. We will comply with the policies outlined in the Ascension Children's Learning Center Parent Handbook.

Parent/Guardian Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

EMERGENCY HEALTH AND ACCIDENT FORM
ASCENSION CHILDREN'S LEARNING CENTER

Name of Child _____ Birth Date _____

Family Doctor _____ Phone _____

Family Dentist _____ Phone _____

Mother's Home Phone Number _____

Father's Home Phone Number (if different) _____

Mother's Business Phone _____ Hours _____

Father's Business Phone _____ Hours _____

Other persons to call in an emergency:

1. _____

2. _____
(Name) (Address) (Phone)

Describe or list important medical conditions of which attending medical personnel should be aware: (heart, respiratory, drug reactions, medications, etc.) _____

I hereby give my permission to Ascension Lutheran Children's Learning Center to call a doctor for medical or surgical care for my child, _____, should an emergency arise.

My hospital of choice is _____.

It is understood that a conscientious effort will be made to locate us before any action will be taken, but if it is not possible to locate us, this expense will be accepted by us. Either of the two people listed are also authorized to give consent for emergency care or to pick up my child if necessary.

Parent's signature and date 1. _____ 2. _____

FIELD TRIP PERMISSION

During the year trips and activities away from the school are planned to enrich the educational program. The students are supervised at all times. We would like for your children to enjoy these opportunities. You will receive notification and details of any trip prior to the event.

My child, _____ has permission to participate in all trips and activities sponsored by Ascension Children's Learning Center.

THE UNDERSIGNED ABSOLVES THE TEACHER, ASCENSION CHILDREN'S LEARNING CENTER AND ANY AND ALL MEMBERS OF ITS GOVERNING BOARDS OF ANY RESPONSIBILITY FOR THE SAFETY, WELFARE, HEALTH, AND WELL BEING OF THE CHILD NAMED ABOVE, BEYOND SUCH MATTERS AS MAY BE CALLED REASONABLE CARE FOR CHILDREN IN THE CUSTODY OF A TEACHER AND SUBJECT TO THE TEACHER'S CLEAR INSTRUCTIONS, AND ASSUMES PERSONALLY AND EXCLUSIVELY ALL RESPONSIBILITY AND LIABILITY FOR ACCIDENT, INJURY, ETC., WHICH MAY OCCUR TO THE ABOVE-NAMED CHILD.

Please read over carefully, sign and return to school as soon as possible.

CHILD'S NAME

PARENT'S/GUARDIAN'S SIGNATURE

DATE

SUNSCREEN AND TELEVISION VIEWING PERMISSION AND POLICY FORM

Sunscreen Policy and Permission Form

I give my permission for Ascension Children's Learning Center to apply sunscreen to my child, _____, during warm weather before outdoor play activities. I understand it is my responsibility to provide the sunscreen with my child's first and last name written with permanent marker. I also give Ascension Children's Learning Center permission to use their sunscreen on my child in the event that the sunscreen I provided is gone.

PARENT SIGNATURE _____ DATE _____

Television Viewing Policy

Ascension Children's Learning Center has permission for my child, _____, to watch educational videos on an occasional basis. I also understand that they may watch movies during inclement weather.

PARENT SIGNATURE _____ DATE _____