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RE-ENROLLMENT or UPDATE INFORMATION
Fall 2023

Child's Name: First _____ M.I. _____ Last: _____ DOB: _____

Program (Circle):	Infant (0-18m)	Toddler-3yr.	PreK-3 & PreK-4:	School-age After School:
	M-F (only option)	*M-F *M W F *T TH	<i>Full days</i> <i>or</i> <i>morning only</i>	* M-F *M W F *T TH
				M-F (only option) Reeves-Hinger or Crestview or Spring Canyon

*Enrolled Days of Week are based on current enrollment availability. Please circle your preferred choice.

- Payment Options (Circle your choice):**
- 1)Auto-draft Every 2 weeks
 - 2)Auto-draft Every 4 weeks
 - 3)Weekly Self-Pay

Parent/Guardian 1 Name: _____
Home Address: _____
Mailing Address: _____
Email Address: _____ Occupation/Employer: _____
Phones: home: _____ cell: _____ work: _____
Cell phone service provider (for texting purposes): _____
Marital Status: [] Married [] Single [] Divorced [] Separated [] Widowed [] Other _____
Relationship to Child: [] Mother [] Father [] Grandparent [] Foster Parent [] Other _____
Mark all that apply: [] Child Lives With [] Emergency Contact [] Authorized Pick up

Parent/Guardian 2 Name: _____
Home Address: _____
Mailing Address: _____
Email Address: _____ Occupation/Employer: _____
Phones: home: _____ cell: _____ work: _____
Cell phone service provider (for texting purposes): _____
Marital Status: [] Married [] Single [] Divorced [] Separated [] Widowed [] Other _____
Relationship to Child: [] Mother [] Father [] Grandparent [] Foster Parent [] Other _____
Mark all that apply: [] Child Lives With [] Emergency Contact [] Authorized Pick up

List any changes for additional emergency contacts and authorized pick up:

Add or Remove or Make Changes to this person (circle one)

First Name: _____ M.I. _____ Last Name: _____
Phones: home: _____ cell: _____ work: _____
Relationship to Child: _____ [] Emergency Contact [] Authorized to pick up child

Signed: _____ **Date:** _____