

CLC
CHRISTIAN LEARNING CENTER
"Grow like Jesus"
Luke 2:52

1717 4th Ave.
PO Box 1264
Canyon, TX 79015
(806)655-3246
Fax (806)655-1717
Operation No. 506504
Director: Shannon Lenerose
clc@christianlearningcenter-canyon.com

Registration Date: _____

Admission Date: _____

Child Enrollment Information

First Name: _____ M.I. _____ Last Name: _____

Name child prefers to be called: _____

Date of Birth: (mm/dd/yy) _____ Gender: [] Male [] Female Race: _____

<u>Summer</u>			
<u>Program (circle):</u> <u>Infant (0-18m)</u> M-F (only option)	<u>Toddler-3yr.</u> *M-F *M W F *T TH	<u>PreK-3: or PreK-4:</u> * M-F *M W F *T TH	<u>School-age:</u> * M-F *M W F * T TH

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

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

Child's Address: _____

List any existing medical conditions, medication and/or special attention your child may require:

Allergies: _____

Pediatrician's Name: _____ Phone: () _____

Address: _____

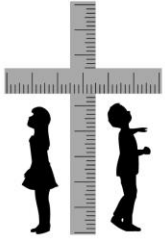
***Please attach vaccination records and health statement from physician.**

Additional Comments & Information:

Is there is any other information that would be helpful to our management and teaching staff?

Signature:

Signature of Parent/Guardian: _____ Date: _____



CLC
 CHRISTIAN LEARNING CENTER
 "Grow like Jesus"
 Luke 2:52

1717 4th Ave.
 PO Box 1264
 Canyon, TX 79015
 (806)655-3246
 Fax (806)655-1717
 Operation No. 506504

Director: [Shannon Lenerose](mailto:Shannon.Lenerose@clc@christianlearningcenter-canyon.com)
clc@christianlearningcenter-canyon.com

Child(ren)'s Name(s): _____

Parent/Guardian Information

Parent /Guardian 1 First Name: _____ M.I.____ Last Name: _____

Address: _____

Date of Birth: _____ Home Phone: () _____

Occupation/Employer: _____ Cell Phone: () _____

Work Address: _____ Work Phone: () _____

Email: _____ 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 Pickup

Is there is other information you would like us to know?

Parent /Guardian 2 First Name: _____ M.I.____ Last Name: _____

Address: _____

Date of Birth: _____ Home Phone: () _____

Occupation/Employer: _____ Cell Phone: () _____

Work Address: _____ Work Phone: () _____

Email: _____ Cell phone service provider (for texting purposes): _____

Marital Status: Married Single Divorced Separated Widowed Other _____

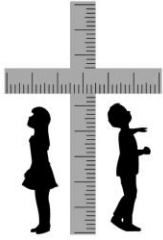
Relationship to Child: Mother Father Grandparent Foster Parent Other _____

Mark All that Apply: Child Lives With Emergency Contact Authorized Pickup

Is there is other information you would like us to know?

Signature:

Signature of Parent/Guardian: _____ Date: _____



CLC
 CHRISTIAN LEARNING CENTER
 "Grow like Jesus"
 Luke 2:52

1717 4th Ave.
 PO Box 1264
 Canyon, TX 79015
 (806)655-3246
 Fax (806)655-1717
 Operation No. 506504

Director: [Shannon Lenerose](mailto:Shannon.Lenerose@clc@christianlearningcenter-canyon.com)
clc@christianlearningcenter-canyon.com

Child(ren)'s Name(s): _____

Emergency Contacts & Authorized Pick-up Persons:

1st Contact/Pick Up First Name: _____ M.I.____ Last Name: _____

Address: _____

Relationship to Child: _____ Home Phone: () _____

Occupation/Employer: _____ Cell Phone: () _____

Email: _____ Work Phone: () _____

Emergency Contact

Authorized to pick up the following children: _____

2nd Contact/Pick Up First Name: _____ M.I.____ Last Name: _____

Address: _____

Relationship to Child: _____ Home Phone: () _____

Occupation/Employer: _____ Cell Phone: () _____

Email: _____ Work Phone: () _____

Emergency Contact

Authorized to pick up the following children: _____

3rd Contact/Pick Up First Name: _____ M.I.____ Last Name: _____

Address: _____

Relationship to Child: _____ Home Phone: () _____

Occupation/Employer: _____ Cell Phone: () _____

Email: _____ Work Phone: () _____

Emergency Contact

Authorized to pick up the following children: _____

4th Contact/Pick Up First Name: _____ M.I.____ Last Name: _____

Address: _____

Relationship to Child: _____ Home Phone: () _____

Occupation/Employer: _____ Cell Phone: () _____

Email: _____ Work Phone: () _____

Emergency Contact

Authorized to pick up the following children: _____

Signature:

Signature of Parent/Guardian: _____ Date: _____