



## Parent Information

May we include your contact information for the classroom directory? Yes \_\_\_ No \_\_\_

**Parent/Guardian:** \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Home Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_ Zip \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Alternative Phone: \_\_\_\_\_

Email(s) 1<sup>st</sup> choice: \_\_\_\_\_ 2<sup>nd</sup> choice: \_\_\_\_\_

Employer: \_\_\_\_\_ Employer Phone: \_\_\_\_\_  
May we contact you at work? Yes \_\_\_ No \_\_\_

Employer Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_ Zip \_\_\_\_\_

**Parent/Guardian:** \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Home Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_ Zip \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

Email(s) 1<sup>st</sup> choice: \_\_\_\_\_ 2<sup>nd</sup> choice: \_\_\_\_\_

Employer: \_\_\_\_\_ Employer Phone: \_\_\_\_\_  
May we contact you at work? Yes \_\_\_ No \_\_\_

Employer Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_ Zip \_\_\_\_\_

Child primarily resides with: \_\_\_ Both parents \_\_\_ Mother \_\_\_ Father \_\_\_ Other: (Explain) \_\_\_\_\_

## Emergency Contacts (other than parent/guardian or doctor) – at least one required:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

## Persons authorized to take child from center (other than parent/guardian or doctor):

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

# 2017 Tuition Information and Application for Admission

## Weekly Full-time Tuition Rates:

Pre-K (older 4's – 5's) \$150

Preschool (3's – 4's) \$130

Toddlers (24 months – 36 months) \$130

Waddlers (12 months – 24 months) \$130

Swaddlers (6 weeks – 12 months) \$130

## Weekly Part-time Tuition Rates:

Pre-K (older 4's – 5's) \$30/day or \$90/week, up to 25 hours

Preschool (3's – 4's) \$30/day or \$90/week, up to 25 hours

Toddlers (24 months – 36 months) \$30/day or \$90/week, up to 25 hours

Waddlers (12 months – 24 months) \$30/day or \$90/week, up to 25 hours

Swaddlers (6 weeks – 12 months) \$30/day or \$90/week, up to 25 hours

A \$75 registration fee per application must accompany application. All application fees are non-refundable.

Tuition is due weekly, on Mondays.

Billing will be handled through BrightWheel, a third party tuition/childcare management company. To set up your BrightWheel account, look for a confirmation link in your email and follow the prompts to set up an automated payment plan.

Parents or guardians shall give the school office 2 week's written notice prior to withdrawal of a child. If this notice is not given, a payment of one month's tuition shall be paid.

I have read and agree with this tuition agreement.

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Application process is not finalized until all items listed below are completed and returned to the ELC office. Items listed in purple can be completed immediately to hold a slot; other forms are due in a month. Confirmation will then be emailed.

- 1) \_\_\_\_\_ Application (Registration) Form
- 2) \_\_\_\_\_ \$75 Registration fee paid
- 3) \_\_\_\_\_ Authorization for Short- and Long-term Medications (if needed)
- 4) \_\_\_\_\_ Authorization for Emergency Medical Care
- 5) \_\_\_\_\_ Medical Record
- 6) \_\_\_\_\_ History of Immunizations
- 7) \_\_\_\_\_ Child Health History
- 8) \_\_\_\_\_ Food Program (CAFCP) Enrollment
- 9) \_\_\_\_\_ BrightWheel Account Activated (through email)
- 10) \_\_\_\_\_ Parent Handbook Acknowledgement

Our Redeemer Early Learning Center is a ministry of Our Redeemer Lutheran Church (LCMS), and is bound to follow the doctrinal teachings of the Lutheran Church – Missouri Synod. The ELC does not discriminate in admission or employment on the basis of race, ethnicity, national origin, ancestry, age, God-ordained gender, handicap, disability, or religion. The ELC does reserve the right to limit employment based on the doctrinal positions of the LCMS.

Office use: Received \_\_\_\_\_ Registration fee \_\_\_\_\_ Paid by check # \_\_\_\_\_ cc \_\_\_\_\_ cash \_\_\_\_\_ Class & days \_\_\_\_\_  
Start date \_\_\_\_\_ Confirmation sent \_\_\_\_\_ Activated BrightWheel \_\_\_\_\_ Date records requested \_\_\_\_\_  
Immunizations/Records \_\_\_\_\_ CACFP \_\_\_\_\_ Hdbk ack \_\_\_\_\_ Health History \_\_\_\_\_ Discharge date \_\_\_\_\_