

TLC Academy
2010-2011 Enrollment Application

Name of Child _____
Last First Middle Nickname

Date of Birth _____ Age _____ Sex _____

Address _____
Street City State Zip

MOTHER or guardian _____

Address (if different than above) _____
Street City State Zip

Home Phone (____) _____ Work Phone (____) _____ Cell Phone (____) _____

Work Address _____ Email Address _____

FATHER or guardian _____

Address (if different than above) _____
Street City State Zip

Home Phone (____) _____ Work Phone (____) _____ Cell Phone (____) _____

Work Address _____ Email Address _____

Primary email for school communications? Mother Father (Please circle)

Is child living with both parents? Yes/No If not, with whom? _____

In case of an emergency contact child's: Mother Father Both (Please circle)

Emergency Contact (other than parent). **Emergency contacts are authorized to pick up your child**

Name _____ Relationship _____

Address _____ Phone (____) _____
Cell Phone (____) _____

Name _____ Relationship _____

Address _____ Phone (____) _____
Cell Phone (____) _____

Physician's Name _____ Phone (____) _____ Last Exam _____

Dentist Name _____ Phone (____) _____ Last Appt _____

Allergies _____

Medical and/or emotional problems: _____

Additional issues that could affect the student's classroom abilities: _____

Last school attended: _____ Phone (____) _____

Address: _____
Street City State Zip

Reason for leaving: _____

Other Family Members:

Name _____ Age _____ Name _____ Age _____

Name _____ Age _____

List any specific fears, likes or dislikes your child has that might help us to know him/her better:

How much time does your child spend watching T.V.? _____

What do they watch? _____

What are your child's interests and favorite activities? _____

Who disciplines your child at home? _____

What method is used? _____

PROGRAM: Teacher preference (if any): _____

Toddler

8:30-2:30	Monday - Friday
8:30-2:30	Monday/Wednesday/Friday
8:30-2:30	Tuesday/Thursday

Kindergarten

9:00-3:00	Monday - Friday
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Primary

9:00-3:00	Monday - Friday
9:00-3:00	Monday/Wednesday/Friday
9:00-1:00	Monday - Friday
9:00-11:30	Monday -Thursday

Extended Day

AM
PM

Parent Signature: _____ Date: _____

Note: The following non-refundable fees must accompany this application:

- * \$245.00- registration and materials
- * June 2010 tuition

Name of person (if any) who referred you to TLC Academy: _____