

# THORNDALE Learning CENTER



## REGISTRATION 2022-2023

Child's Name \_\_\_\_\_ Name to be used in School \_\_\_\_\_

First Middle Last

Date of Birth \_\_\_\_\_ Gender \_\_\_\_\_

Address \_\_\_\_\_

Street City Zip Code

Home Phone Number \_\_\_\_\_

Father's Name \_\_\_\_\_ Employer \_\_\_\_\_

Address ( If different) \_\_\_\_\_ Work Phone # \_\_\_\_\_

Cell Phone # \_\_\_\_\_

Email \_\_\_\_\_ May we Share with the Class \_\_\_\_\_

Mother's Name \_\_\_\_\_ Employer \_\_\_\_\_

Address (If Different ) \_\_\_\_\_ Work Phone # \_\_\_\_\_

Cell Phone # \_\_\_\_\_

Email \_\_\_\_\_ May we Share with the Class \_\_\_\_\_

### Please Check Program Desired:

\_\_\_\_\_ Three's Class: Tuesday, Wednesday, Thursday - \$200 Per Month

\_\_\_\_\_ 3 Day Four's Class: Monday, Wednesday, Friday - \$200 Per Month

\_\_\_\_\_ 4 Day PreK Class: Monday- Thursday - \$250 Per Month

\_\_\_\_\_ 5 Day PreK Class: Monday- Friday - \$300 Per Month

(Four & Five Years Old's Attending Kindergarten in the next Fall)

\_\_\_\_\_ Kindergarten: Mon.-Fri. 9:00-3:00 -\$470 Per Month

I understand that tuition is due at the first of each month. A late fee of \$25 will be applied to all payments made after the 15<sup>th</sup> of each month. Tuition is paid one month in advance and is non-refundable without a 30 written notice of withdraw from the school.

Please include the \$60.00 Non-Refundable Registration fee along with the Registration form to reserve the child's space. An Activity fee, not to exceed \$45.00, will be due by August 1.

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

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

\_\_\_\_\_  
Director's Signature Date

\_\_\_\_\_  
Date Rec'd Amount Check #



**STUDENT INFORMATION**

Student Name \_\_\_\_\_ Name to Be Used in School \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Street

City

Zip

Date of Birth \_\_\_\_\_ Gender \_\_\_\_\_

Parent Emails \_\_\_\_\_

Members of the Household: Name Relationship Age

Pets: \_\_\_\_\_

School District \_\_\_\_\_ Township \_\_\_\_\_

How Did You Hear About Us? \_\_\_\_\_

Church Affiliation \_\_\_\_\_

Previous School Experience

This school \_\_\_\_\_ Other \_\_\_\_\_

Favorite Things To Do/Play \_\_\_\_\_

Any concerns or fears we should be aware of? \_\_\_\_\_

Any health concerns or allergies? \_\_\_\_\_

Any dietary restrictions? Please state the restriction and reason. \_\_\_\_\_



**MEDICAL INFORMATION**

Student Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Gender \_\_\_\_\_

Home Phone \_\_\_\_\_ Mom's Cell \_\_\_\_\_ Dad's Cell \_\_\_\_\_

Emergency Contact Other Than Parents

Name \_\_\_\_\_ Phone # \_\_\_\_\_

Relationship to Child \_\_\_\_\_ Cell # \_\_\_\_\_

Name \_\_\_\_\_ Phone # \_\_\_\_\_

Relationship to Child \_\_\_\_\_ Cell # \_\_\_\_\_

Persons Authorized to Pick Up Child: \_\_\_\_\_

Persons NOT Authorized to Pick Up Child: \_\_\_\_\_

If we are unable to contact any the above contacts, do we have your permission to have your child treated in case of an emergency? \_\_\_\_\_

Primary Physician \_\_\_\_\_

Physician's Phone \_\_\_\_\_

Dentist \_\_\_\_\_

Dentist Phone \_\_\_\_\_

Hospital Preference \_\_\_\_\_

Allergies \_\_\_\_\_

Dietary Restrictions and Reason \_\_\_\_\_

Medical Conditions \_\_\_\_\_

Current Medications \_\_\_\_\_

Any Condition that limits participation in certain activities \_\_\_\_\_

\_\_\_\_\_

**PLEASE ATTACH A COPY OF YOUR CHILD'S CURRENT IMMUNIZATION RECORD**

---