



# Early Learning Center

P.O. Box 279 13637 State Street Grabill, Indiana 46741 (260)627-3678 ext. 314 elc@grabillmissionary.org

## Application for Admission

Please return this application to the office along with the registration fee.  
The registration fee is \$40 per student. Please make checks payable to GMC Early Learning Center.

If received by February 28, 2011, the registration fee is \$30 per student.

Child's Full Name \_\_\_\_\_

Name Teacher should use (if different from first name) \_\_\_\_\_

Birthdate: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_ Sex \_\_\_\_\_

Address \_\_\_\_\_

Street and Box #

Home Phone #

City and State

Zip Code

Father's Name \_\_\_\_\_ Lives with child: yes \_\_\_\_\_ no \_\_\_\_\_

Place of Employment \_\_\_\_\_ Work Phone \_\_\_\_\_

Mother's Name \_\_\_\_\_ Lives with child: yes \_\_\_\_\_ no \_\_\_\_\_

Place of Employment \_\_\_\_\_ Work Phone \_\_\_\_\_

Mom's Cell Phone(s) \_\_\_\_\_ Dad's Cell Phone(s) \_\_\_\_\_

Babysitter's Name (if applicable) \_\_\_\_\_ Phone \_\_\_\_\_

Other Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

Home Church \_\_\_\_\_

(If you are not currently attending a church regularly—simply state—Not Applicable)

E-mail address \_\_\_\_\_

*Laying a foundation on Christ*

Other children living at home:

Name                                      Age                                      Sex                                      Relationship to student

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Previous Preschool Attendance (if applicable):

Name of School

Age Level of Class

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Please check any of the following with whom your child plays regularly?

\_\_\_\_ younger siblings      \_\_\_\_ older siblings      \_\_\_\_ neighbors  
\_\_\_\_ church friends      \_\_\_\_ relatives (children)

Please list any allergies or medical information we need to be aware of:

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This information will also be on a student info card in each classroom.

Your child must be kept up-to-date on childhood immunizations. We will also send a health form in your Back-To-School packet that will need to be completed by a physician.

Please sign one of the following:

Yes, my child is kept up to date on immunizations: \_\_\_\_\_

No, my child has not received the following immunizations and the reason: \_\_\_\_\_

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Classes Offered

These are the classes offered for the 2011-2012 school year. Please indicate your first and second choice of class. Final placement of students depends on the response to the class. We reserve the right to drop a class if the enrollment number does not meet the minimum number needed for that class. You will be notified, by phone, if your child will be placed in a class other than the one you indicate first preference for.

Class	Age Eligibility	Days	Times	Monthly Fee	Preference (1st, 2nd)
Parent's Day Out	18 mon-5 years	Wednesdays	8:30-11:00	\$40	
Beginners	2 by 9/13/11	Tues/Thurs	8:30-11:00	\$70	
Early Learners*	3 by 9/13/11	Tues/Wed/Thurs	8:30-11:00	\$80	
Early Learners*	3 by 9/13/11	Tues/Thurs	11:45-2:00	\$70	
Pre-K I	4 by 9/13/11	Tues/Wed/Thurs	8:30-11:00	\$80	
Pre-K I	4 by 9/13/11	Tues/Wed/Thurs	11:45-2:00	\$80	
Pre-K II***	5 by 9/13/11	Tues/Wed/Thurs	8:30-2:00	\$160	

Name of sibling enrolling in ELC if applicable \_\_\_\_\_  
 (This info is so we can keep siblings in the same AM or PM sessions.)

\*Early Learners must be completely potty-trained.

\*\*There is a \$5 per month discount for the second child in your household enrolled.

\*\*\*Any students enrolled in Pre-K II extended day will need to bring a sack lunch and drink daily. Snack will still be provided.

For GMC Early Learning Center use only

Reg. Fee paid \_\_\_\_\_ Check # \_\_\_\_\_ Cash \_\_\_\_\_

Class Assignment: \_\_\_\_\_

Back to School information sent: \_\_\_\_\_