

Little Buckeye Learning Center

PRE-ENROLLMENT FORM

CHILD'S NAME _____

BIRTHDAY _____ MALE _____ FEMALE _____

ADDRESS _____

PREVIOUS ADDRESS _____

MOTHER'S NAME _____

HOME _____ CELL _____ WORK _____

SOCIAL SECURITY _____ - _____ - _____

FATHERS'S NAME _____

HOME _____ CELL _____ WORK _____

SOCIAL SECURITY _____ - _____ - _____

GUARDIAN'S NAME _____

HOME _____ CELL _____ WORK _____

SOCIAL SECURITY _____ - _____ - _____

ALTERNATE PERSON TO CALL _____

HOME _____ CELL _____ WORK _____

I HEARBY REQUESET THAT MY CHILD BE ADMITTED AS A STUDENT IN LBLC. SHOULD MY CHILD BE ACCEPTED HE/SHE WILL BE ATTENDING THE FULL TIME PROGRAM DURING THE HOURS OF _____ TO _____.

A \$50.00 FEE/DEPOSIT FOR ENROLLEMENT IS SUBMITTED WITH THIS FORM WHICH TO PAY FOR PROCESSING THIS APPLICATION AND RESERVE A PLACE FOR MY CHILD. This is a non-refundable fee If I cancel my child's reservation. When the parent gives a two week written notice, a refund of \$25.00 will be refunded.

Check _____ ck# _____ cash _____ M.O. _____ date _____