

JESUS LOVES ME LEARNING CENTER (JLMLC)



A ministry of St. Paul's Lutheran Church
507.345.7707

ENROLLMENT FORM

Child's Full Name _____

Date of Birth _____ Sex _____

1. Parent/Guardian Name: _____

Home Address _____

City _____ State _____ Zip _____

Primary Phone _____ Work Phone _____ Email _____

2. Parent / Guardian Name: _____

Home Address (if different than above) _____

City _____ State _____ Zip _____

Primary Phone _____ Work Phone _____ Email _____

Church Affiliation _____ Is the child baptized? _____

Regular Medical Care Provider –

Physician's Name Name of Medical Facility Phone Number

Street Name and Number PO Box or Apt #

City State Zip Code

*Your child will not be allowed to leave the school without authorization from responsible parent or guardian.

A non-refundable registration fee of \$50 is required with this completed enrollment form. \$20 of this fee will be applied toward tuition. The remaining \$30 will be for processing fees. Please make checks payable to Jesus Loves Me Learning Center. It is understood that a two week notice must be given if your child is withdrawn from school. Drop off or mail this form with your registration fee to: Jesus Loves Me Learning Center, 304 Monroe Ave., North Mankato, MN 56003.

All parents/guardians are responsible for knowing the contents of the JLMLC Parent Handbook.

*

Parent's printed name	Parent's signature	Date
-----------------------	--------------------	------

*

Parent's printed name	Parent's signature	Date
-----------------------	--------------------	------

ADMISSIONS POLICY

Jesus Loves Me Learning Center offers a Christian child care program for ages 6 weeks through school age.

We welcome all children without reference to race, creed, national origin or sex. However, priority will be given to members of St. Paul's Lutheran Congregation, followed by other area WELS/ELS congregations. Any remaining openings will be open to the public.

Forms which are required for all children entering JLMLC include the following:

- 1.** A completed enrollment form signed by parent/guardian.
- 2.** A completed Health Care Summary
- 3.** Copy of immunizations and signed immunization form
- 4.** Completed double-sided emergency authorization form.

Tuition (for the entire month) is charged once each month on the first day of the month and should be paid by the fifteenth day of each month.

Please share some information about your child and your family. In this way we might get to know your family better and collaborate to best meet the needs of your child or children. Information could include talents or ways you might be able to enrich our program. Thank you!

Child's Name _____

Mark the program and days you plan to enroll for childcare.

Infant _____

Toddler _____

Preschool Only-ams 8-11 (3 or 2 ams) _____

Preschool / Child Care _____

School Age Care _____

Monday _____ Hours _____

Tuesday _____ Hours _____

Wednesday _____ Hours _____

Thursday _____ Hours _____

Friday _____ Hours _____