



Saint Nicholas Learning Center

SNLC #: _____

FACTS #: _____

Application

Please complete and return \$300 Tuition Deposit:

8:00 am – 3:00pm Program: 5 Day (M-T-W-T-F) 3 Day (M-W-F) 2 Day (T-TH)

8:00 am – Noon Program: 5 Day (M-T-W-T-F)
 Breakfast 7:15-7:45 Extended Care Summer Enrichment

Today's Date: _____ Date of Enrollment: _____

Name of Child: _____ M _____ F _____

Nick Name: _____ Child's Religion: _____

Date of Birth: _____ Place of Birth: _____ Grade: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Work Phone: _____ Cell Phone: _____

Parent/Guardian Contact Information

Father Contact Information: _____

Authorized Pickup Person

Work Phone: _____ Cell Phone: _____

Primary Email: _____

Mother Contact Information: _____

Authorized Pickup Person

Work Phone: _____ Cell Phone: _____

Primary Email: _____

Contact Person: _____

Authorized Pickup Person

Work Phone: _____ Cell Phone: _____

Primary Email: _____

Signature of a parents of legal guardian: _____

EMERGENCY INFORMATION

In the event there is any issue regarding custody of the child _____, Saint Nicholas Learning Center must be provided with court issued custody documentation that clearly describes the custody arrangements. Any person granted custody in such papers may pick up the child during the times that person has custody and may designate other persons who are authorized to pick up the child at such times. Saint Nicholas Learning Center may not legally refuse the right to pick up a child to a person having custody of the child or refuse a parent or guardian without proper documentation of file.

Custody Arrangements: NO YES If YES, you must provide a copy of the court documentation

Date of Birth: _____

Child's First Name: _____ Middle: _____ Last: _____

Address: _____

Home Phone: _____ Cell: _____ Work: _____
City State Zip

MEDICAL INFORMATION

Doctor: _____ Phone: _____

Address: _____

Dentist: _____ Phone: _____

Address: _____

Allergies: _____

Health Insurance: _____

Policy #: _____ Hospital Preference: _____

CONSENT FOR MEDICAL TREATMENT

As the parent, agency representative, or legal guardian of _____, I hereby by consent to Saint Nicholas Learning Center to provide all emergency dental and or medical care prescribed by a duly licensed dentist or physician for _____. This care may be given under whatever conditions are necessary to preserve the life, limb, or wellbeing of my dependent.

Parent/Representative/Guardian

Parent/Representative/Guardian

Office Use Only:

Verification of Record of Immunizations: Immunization Tracking Card copy on file

Verification of Parents: Custody _____ Pickup Authorization _____

Registration Check #: _____ Date Registration Received: _____

Date: _____ Initials: _____ Birth Certificate: _____

Physical: _____

Additional Authorized Child Pick-Up Person:

1- Authorized Person: Relative _____ Friend Neighbor Other _____

Name: _____

Address: _____

Business Phone #: _____ Mobile Phone: _____

Email: _____

2- Authorized Person: Relative _____ Friend Neighbor Other _____

Name: _____

Address: _____

Business Phone #: _____ Mobile Phone: _____

Email: _____

3- Authorized Person: Relative _____ Friend Neighbor Other _____

Name: _____

Address: _____

Business Phone #: _____ Mobile Phone: _____

Email: _____

Signature of a parents of legal guardian): _____