

The Learning Center Of Dr. Phillips

Student Registration Form



Student Name: _____
Parent's Name: _____
Home Address: _____
Zip Code: _____

Date of Birth: _____
Home Phone: _____
Work Phone: _____
Cell Phone: _____

Student Information

Does your child have any medical, physical or emotional conditions that we need to be aware of? _____

Any Allergies? _____

Any food restrictions? _____

Any medications? _____ Reason: _____

Is your child potty trained? Yes No Does your child nap (4 and 5 year olds)? Yes No (All 2 and 3 year olds must rest)

Your Request

Desired starting date: _____ Please circle the days: M T W Th F

What hours would you need? From: _____ To: _____

Before/After School Request

Before School: _____ After School: _____ Before and After School: _____ Off Time Only: _____

Name of school: _____ Grade? _____

Additional Information

How did you hear about TLC? _____

Has your child been in Preschool before? No Yes

Where? _____

Reason for leaving: _____

Registration Fee (non-refundable): \$110.00

Internet Viewing Fee (non-refundable): \$60.00

If the start date is 30 days or more from the registration date a Deferred Enrollment Fee of \$_____ per month will be paid for a maximum of 3 months at the beginning of each month. Monthly deferred enrollment fees are due the first of the month and are subject to late payment fees as per the tuition payment rules. When the child starts, 50% of the deferred enrollment fees paid to date is then applied towards the first month of tuition. If within 1 week of the start date, the child does not start school or the parents of the child do not respond to calls made to determine why the child did not start when scheduled, the deferred enrollment fee is then forfeited and the child is no longer considered enrolled. In order to re-enroll the child the registration process would begin again. If the child starts after the first of the month, the deferred enrollment fee is prorated as well as the tuition.

Parent/Legal Guardian Signature: _____ Date: _____

For office use only

Program: _____

Weekly Rate: _____ Monthly Rate: _____

\$110 Registration Fee: Cash or Check No. _____

\$60 Internet Viewing Fee: Cash or Check No. _____

AM Teacher: _____

PM Teacher: _____

Approval Signature: _____

Date: _____