



2024-2025

## Emergency Information

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

Child's Date of Birth \_\_\_\_\_

Name Child Goes By \_\_\_\_\_

Child's Gender \_\_\_\_\_

Mother's Name \_\_\_\_\_

Mother's Phone \_\_\_\_\_

Father's Name \_\_\_\_\_

Father's Phone \_\_\_\_\_

Persons whom you authorize The Creative Learning Center to contact when a parent or guardian cannot be reached, in the event of an emergency.

Name \_\_\_\_\_

Relationship \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Cell \_\_\_\_\_

### Other than those listed above, who may pick up your child?

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

*I understand the person to pick up my child in an emergency will be required to show a driver's license. I will notify my child's teacher and the CLC office by phone, or in writing if possible, each time an alternate pick up person is coming.*

## Child's Medical Information

Child's Physician \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Child's Dentist \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

HEALTH: Any health or special situations concerning your child of which The Creative Learning Center should be aware, such as allergies, existing/pre-existing illnesses, injuries, disabilities, or hospitalization during the past twelve months, or any medications prescribed for long term use. \_\_\_\_\_

Please specify any dietary restrictions (if an infant, specify formula): \_\_\_\_\_

Any food allergies, other allergies or special needs \_\_\_\_\_

Hospital preference \_\_\_\_\_

Is there anything you would like us to know about your child? \_\_\_\_\_

(first time attending school, etc.) \_\_\_\_\_



2024-2025

**General Information:**

Does your child need help: Dressing \_\_\_\_\_ Eating \_\_\_\_\_ Washing Hands \_\_\_\_\_

Has your child been in any type of therapy? (speech, occupational, physical, etc) \_\_\_\_\_

Does your child have any special fears or problems? \_\_\_\_\_

Who lives in the home with the child? \_\_\_\_\_

Is this your child's first time attending school? \_\_\_\_\_

Has your child been cared for by anyone other than the parents? \_\_\_\_\_yes \_\_\_\_\_no

If yes, whom? \_\_\_\_\_

Favorite Book: \_\_\_\_\_ Favorite Toy/Game: \_\_\_\_\_

If your child is sad or upset, what soothes your child the best? \_\_\_\_\_

THIS FORM MUST BE COMPLETED AND RETURNED TO THE CREATIVE LEARNING CENTER PRIOR TO CHILD'S ATTENDANCE. IF ANY INFORMATION CHANGES, IT IS THE PARENT/GUARDIAN RESPONSIBILITY TO NOTIFY THE CLC OFFICE.

- CLC enrollment is open to children ages 6 months to 4 years who are able to participate in a curriculum developmentally correspondent to the child's physical age.
- All applications are subject to evaluation of the specific needs of each child and the ability of CLC to accommodate those needs through its program, current staff, and facilities.
- CLC reserves the right to withdraw any child from our program, who requires a degree of attention or supervision such that the entire class is unfavorably affected. This decision will be made through a careful process of evaluation and consultation by the preschool teachers and Director.

Signature of Mother/Guardian \_\_\_\_\_

Date \_\_\_\_\_

Signature of Father/Guardian \_\_\_\_\_

Date \_\_\_\_\_

2024-2025

Creative Learning Center  
Enrollment/Fees Agreement

It is my understanding that my child, \_\_\_\_\_, is enrolled in the LifePoint Church Creative Learning Center program. Monthly tuition of \$215.00 for the 2 day program or \$350.00 for the 4 day preK program is due and payable on the first day of each month. If monthly tuition is not paid by the tenth of the month, a \$10.00 late fee will be assessed. If monthly tuition is not paid by the end of the month, participation in the CLC program may not continue. The non-refundable registration fee is due when the registration forms are submitted for enrollment.

Should my child be withdrawn for any reason prior to the end of the preschool year, I agree to submit to the director, a notice of withdrawal two weeks prior to the last day of attendance or agree to pay one additional month of full tuition.

Tuition is based on a yearly cost, not the number of days per month, and is divided into 10 equal monthly payments. No refunds will be given for withdrawal from the preschool prior to the end of the month or for days missed due to family vacations, illness, weather-related closings or preschool breaks.

I understand that failure to pay tuition according to the schedule above may result in the removal of my child from the CLC program.

Signature of Parent/Guardian \_\_\_\_\_

Date \_\_\_\_\_

2024-2025

Creative Learning Center

Parent's Day Out Program

The four day PreK Program of CLC IS licensed by the Tennessee Department of Human Services, therefore children enrolling in this program have additional requirements to participate (i.e. up to date shot record on file, additional forms, etc.)

**The Tennessee Department of Human Services does not require that Parents Day Out Programs be licensed. Due to this exemption, the two day PDO program of LifePoint Church (Creative Learning Center) is not a licensed childcare facility.**

Signature of Parent/Guardian \_\_\_\_\_

Date \_\_\_\_\_

---

Photographic Release for Minors

CLC does not post pictures of children on our social media accounts. Pictures are taken of classes and children for use in classroom scrapbooks, etc. However, we do ask for a general release for this, which is below.

Please circle one of the below:

**I DO**

**I DO NOT**

give LifePoint Church and the Creative Learning Center permission to publish in print, electronic, website or video format the likeness or image of my child.

I release all claims against LifePoint Church with respect to copyright, ownership and publication, including any claim for compensation related to use of the materials.

\_\_\_\_\_  
Minor's Name (Please Print)

\_\_\_\_\_  
Date (this release is in effect for 1 year)

\_\_\_\_\_  
Parent/Guardian Name (Please Print)

\_\_\_\_\_  
Parent/Guardian Signature

General Guidelines:

*It is recommended that a release be obtained when photographing or videotaping a minor (under 18). Parent or guardian signatures are required; signatures of minors are not sufficient. When images are published, the Church will take cautionary steps to provide minimum identifying information and will not use a specific street or mailing address, email address or phone number(s).*