

Please initial beside the option you choose below to give your consent:

_____ I give permission for my child's photo to be used for the ELC Facebook page.

_____ I do not give permission for my child's photos to be used for the ELC Facebook page.

My child will attend the Early Learning Center on the following days each week:

Please circle the days your child will be attending the ELC

Monday
Tuesday
Wednesday
Thursday
Friday

The Early Learning Center Registration process is complete once you have turned in the following:

- Completed Registration forms
- Copy of birth certificate and shot records
- \$35 One Time Registration Fee

Early Learning Center Release Authorization

I hereby give permission to release my child to the following: (Please list ALL who may pick up your child)

1-Name: _____ Home Phone: _____

Relationship: _____ Cell Phone: _____

2-Name: _____ Home Phone: _____

Relationship: _____ Cell Phone: _____

3-Name: _____ Home Phone: _____

Relationship: _____ Cell Phone: _____

4-Name: _____ Home Phone: _____

Relationship: _____ Cell Phone: _____

5-Name: _____ Home Phone: _____

Relationship: _____ Cell Phone: _____

By signing this form you are agreeing to the ELC terms to pay your child's tuition as indicated above. If tuition is not paid in a timely manner, the ELC will stop providing services to your child. You are also stating that all information provided in this form is current and correct.

Parent Signature

Date