

(Revised 07/22/2023)

EARLY LEARNING CENTER REGISTRATION FORM

ST. PAUL LUTHERAN
300 W. Pecan
McAllen, TX 78501-2397
(956) 682-2201

For office use only:

Date _____

Amt. Pd.: _____

CK/MO# _____

Registration. Fee:

Yes No

Registration taken by

_____:

Please complete the following information and return this form with \$200.00 registration fee per child. ***Class sizes are limited; therefore, students will be registered on a first come first served basis.*** Registration is not final until this form has been completed and the fee submitted.

Child's Name _____

Male Female

Date of Birth: Month _____ Date _____ Year _____ Home Phone _____

Child's Address _____
Street City Zip code

ELC Age Group:	6 WKS	12 MO	18 MO	2 yrs	2½ yrs	3 yrs	3½ yrs	4 yrs
	5 years or older			After school Age: _____				
	M-F (Full time)	M-F (Part time)	MWF (Full time)	MWF (Part time)	T/TH (Full Time)	T/TH (Part time)	Summer	

E-Mail for the FINANCIALLY responsible person _____

Father's name _____ Office or Cell # _____

Social Security Number _____ Driver's License # or TX ID: _____

E-Mail Address: _____

Mother's name _____ Office or Cell # _____

Social Security Number _____ Driver's License # or TX ID: _____

E-Mail Address: _____

Billing address (if different than above) _____

City, State, Zip _____

Local Church Membership _____

Child lives with: Mother _____ Father _____ Both _____ Guardian _____

Referred By: Friend's Name _____ Relative _____ Child in ELC/School _____

Payment of Choice: ___ FACTSMGT ___ Cash ___ Check ___ ACH ___ Credit/Debit Cards
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Parent/Guardian Signature : _____ Date: _____