**EARLY LEARNING CENTER REGISTRATION FORM**

**ST. PAUL LUTHERAN**

300 W. Pecan

For office use only:

Date

Amt. Pd.:

CK/MO#

Registration. Fee:

Yes No

Registration taken by

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_:

McAllen, TX 78501-2397

(956) 682-2201

Please complete the following information and return this form with $300.00 registration fee per child. ***Class sizes are limited; therefore, students will be registered on a first come first serve 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 12 MO-17 MO 18 MO-24 MO 2yrs-2½ yrs. 2 ½ yrs.-3 yrs. 3yrs.-3 1/2yrs. 3½ yrs-4yrs

4 yrs-5yrs 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 Agreement \_\_\_\_Cash \_\_\_\_\_Check \_\_\_\_ACH \_\_\_\_ Credit/Debit Cards**

Parent/Guardian Signature : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_