Located in

**The Porch Church**

19401 E. Chenango Dr, Centennial, CO 80015

Phone 303.693.5706 Fax 303.313.3810

www.theporchchurch.tv www.cclearningcenter.com

Centennial Christian Learning Center

Foundations for Faith and Learning

**Enrollment Form**

(Please **PRINT** Clearly) Enrollment Date \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Class Enrolling in: \_\_\_\_ Preschool \_\_\_\_ Pre-Kindergarten \_\_\_\_ Kindergarten

My child will be at CCLC from approximately \_\_\_:\_\_\_ to \_\_\_:\_\_\_ on their enrolled days and his/her

start date is: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ and will be here on the following days:

\_\_\_\_\_\_Monday \_\_\_\_\_\_Tuesday \_\_\_\_\_\_Wednesday \_\_\_\_\_\_Thursday \_\_\_\_\_\_ Friday

Student Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Student’s DOB \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

(Last) (First) (M.I.)

Student Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mother’s Full Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell Phone (\_\_\_\_)\_\_\_\_-\_\_\_\_\_\_ Home Phone (\_\_\_\_)\_\_\_\_-\_\_\_\_\_\_

E-Mail Address

(E-mail addresses will be added to our weekly newsletter)

Occupation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Employer Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employer Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Work Phone (\_\_\_\_\_)\_\_\_\_\_-\_\_\_\_\_\_\_

Father’s Full Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell Phone (\_\_\_\_)\_\_\_\_-\_\_\_\_\_\_ Home Phone (\_\_\_\_)\_\_\_\_-\_\_\_\_\_\_

E-Mail Address

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Occupation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Employer Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employer Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Work Phone (\_\_\_\_\_)\_\_\_\_\_-\_\_\_\_\_\_\_

I found CCLC through:

**Health Information:**

Please list and detail any allergies or chronic medical problems (past or current) that CCLC should be aware of. If your child is on any medications, please list those as well.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please read and initial the following items:**

I have been informed of the school’s tuition, supply fees, program and policies.

I understand that my child may be photographed (including slides and video & audio taping) for educational, school and promotional purposes.

I understand that if I choose to withdraw my child after my start date, I am required to give

notice in writing at least 14 days prior to my child’s last day or applicable tuition will be charged.

\_\_\_\_\_I understand that sunscreen will be applied to my child if he/she is here after lunch and if

sunscreen is not provided, CCLC will apply sunscreen supplied by the school with an SPF of 45. I am responsible for applying sunscreen to my child before I drop him/her off in the morning.

I will provide lip balm (marked with child’s name) and lotion (school will provide Cetaphil, unless parent prefers a different brand, then parent will provide) for my child and give permission for it to be applied.

\_\_\_\_\_I have read and understand the policies and regulations in the Centennial Christian Learning

Center parent handbook, and agree to abide by the policies and regulations therein.

I understand that viewing movies or TV is rare at CCLC. When we do, G rated only programs

will be used. I give permission for my child to participate.

I understand that my e-mail address will be added to the distribution list for our weekly

e-mail. I understand that this newsletter contains important information about my child’s care and education, and will read them as they are received. I will add the originating e-mail address to my “Safe Sender” list if such an option exists with my e-mail client to avoid delivery in to the spam folder.

Signature of Parent \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_