

WOW Learning Center Enrollment Form

(Please print information)

Date Enrolled _____

CHILD'S FULL NAME _____ M__ F__
First middle last

NICKNAME _____ BIRTHDATE _____ AGE _____
mo/day/year

AGE AS OF AUGUST 1ST _____

ADDRESS _____ CITY _____

STATE _____ ZIP CODE _____

HOME PHONE _____

MOTHER'S NAME _____ E-mail _____

CELL PHONE _____ WORK _____

FATHER'S NAME _____ E-mail _____

CELL PHONE _____ WORK _____

* IF SOMEONE OTHER THAN MOM AND DAD NEEDS TO BE CONTACTED FIRST PLEASE LIST HERE:
NAME _____ PHONE NUMBER _____

*IN CASE NEITHER PARENT CAN BE REACHED, LIST THREE PERSONS TO BE CALLED IN ORDER
OF PREFERENCE: (These persons can also pick-up my child)

NAME PHONE RELATIONSHIP

NAME PHONE RELATIONSHIP

NAME PHONE RELATIONSHIP

DAYS REQUESTED

TUESDAY _____ WEDNESDAY _____ THURSDAY _____

FOR OFFICE USE ONLY

CLASS ENROLLED IN _____ DATE ENROLLED _____

POLICY AGREEMENT FOR CAPITOL HILL ASSEMBLY OF GOD WOW Learning Center

ENROLLMENT FEE/TUITION: The enrollment fee is a deposit which guarantees my child's space for the session, and is *not refundable* should I decide to withdraw my child from the Learning Center.

I understand that tuition is due on or before the first calendar day of each month and considered late after the tenth calendar day of each month. A \$10.00 late fee will be charged for all late tuition. I understand that there will be a \$25.00 charge for all returned checks.

No less than two (2) weeks written notice shall be given to the Learning Center director if I plan to withdraw my child at any time. I am obligated to pay for any or all tuition and fees due prior to withdrawing my child.

MEDICAL: I will present my child's immunization record along with the completed child care form at the time of my child's enrollment and entry into the program. To release WOW Learning Center and or Capitol Hill Assembly of God from responsibility for accident or injury to my child while in school or on the way to or from school.

RELEASES: I agree to the use of pictures, video, etc. which may be taken of the program in which my child shall appear, for school programs or for educational purposes.

DISCIPLINE: Our Standards are:

- *Respect for the teachers and classmates
- *Respect for our classrooms, building, and property of others
- *Respect of and obedience to rules of classroom and WOW Learning Center.
- *Respectful Language
- *No continuous displays of temper or disorderly conduct

LEVELS OF DISCIPLINE:

- *Review of rules by teacher with child in private conference
- *Separating child from classroom activities and classmates for a calming down period.
- *Conference with child, teacher and Learning Center director.
- *Conference with parents of child
- *Period of suspension determined by director. Tuition would be discussed by the parents and director.
- *Expel child from the program.

I, _____, parents of _____

have read and understand the policies listed above relating to the operation of the WOW Learning Center of Capitol Hill Assembly of God Church, and agree to abide by them.

DATE

SIGNATURE