



# **the LEARNING ZONE** at emmanuel

## **2011 - 2012 School Year Registration Form**

**We provide a loving educational environment for your child  
while you enjoy some free time!**

**Monday, Tuesday and Thursday  
10:00 am - 2:00 pm  
Ages 10 Month Olds - 5 Years Old**

**Christian academic curriculum, music, art, and Bible!**

**For registration/information  
Call 535-9673 ext. 225**



## Payment Schedule

### Monthly Tuition Fees:

#### Once-a-Week Program

1 child \$ 65 per month  
 1 child + 1 sibling \$120 per month  
 1 child + 2 siblings \$175 per month  
 1 child + 3 siblings \$230 per month  
 School Year Registration Fee - \$60.00 per child.

### Monthly Tuition Fees:

#### Twice-a-Week Program:

1 child \$130 per month  
 1 child + 1 sibling \$240 per month  
 1 child + 2 siblings \$350 per month  
 1 child + 3 siblings \$460 per month  
 School Year Registration Fee - \$60.00 per child.

### Monthly Tuition

#### Fees: Three Days -a-Week Program:

1 child \$175 per month  
 1 child + 1 sibling \$320 per month  
 1 child + 2 siblings \$465 per month  
 1 child + 3 siblings \$610 per month  
 School Year Registration Fee - \$60.00 per child.  
 Rates include a 10% discount for 3 day enrollment

All tuition payments are non-refundable. The non-refundable registration fee is due upon enrollment and the 1st Thursday of the month thereafter. \*Exceptions may be made under extreme circumstances at the discretion of the Director.

**Tax Disclaimer:** The Learning Zone at Emmanuel is not a qualifying dependent care program as defined by the U.S. Tax Code. As such, tuition payments do not qualify as dependent care credits. Also, tuition payments do not qualify as charitable deductions as a service is being provided for a fee.

## Registration Form

CHILD'S FULL NAME / NICKNAME (PLEASE PRINT NAME)	BIRTHDATE	ATTENDING MONDAYS	ATTENDING TUESDAYS	ATTENDING THURSDAYS
Starting Kindergarten in 2012? Yes_____ No_____				
Any known allergies or other information concerning your child that would be helpful:				
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1ST SIBLING'S FULL NAME / NICKNAME (PLEASE PRINT)	BIRTHDATE	ATTENDING MONDAYS	ATTENDING TUESDAYS	ATTENDING THURSDAYS
Any known allergies or other information concerning your child that would be helpful:				
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2ND SIBLING'S FULL NAME / NICKNAME (PLEASE PRINT)	BIRTHDATE	ATTENDING MONDAYS	ATTENDING TUESDAYS	ATTENDING THURSDAYS
Any known allergies or other information concerning your child that would be helpful:				
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3RD SIBLING'S FULL NAME / NICKNAME (PLEASE PRINT)	BIRTHDATE	ATTENDING MONDAYS	ATTENDING TUESDAYS	ATTENDING THURSDAYS
Any known allergies or other information concerning your child that would be helpful:				
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START DATE	TOTAL MONTHLY FEE		\$	

PARENT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

This agreement remains in effect for the applicable session until revised by the parent on record or the Director.

**ECG The Learning Zone  
Contact Information**

Father's Name _____	Home Phone _____
Address _____	Zip _____
E-Mail _____	Cell _____
Employer _____	Phone _____
Mother's Name _____	Home Phone _____
Address _____	Zip _____
E-Mail _____	Cell _____
Employer _____	Phone _____
Insurance Carrier _____	Policy # _____

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**Emergency Release and Transportation**

Child(ren) Doctor \_\_\_\_\_ Office # \_\_\_\_\_

I authorize Emmanuel Church of Greenwood's The Learning Zone to act on behalf of my child (ren) in the case of a medical emergency.

My hospital preference: \_\_\_\_\_

For my transportation plan and to insure the safety of my child(ren), the following people are authorized to pick up my child(ren) and transport them on my behalf. I will notify the TLZ Ministry Director each time this will happen. I also understand (as stated in policies) that each authorized person is required to show ID upon request.

Name of authorized person and relationship to you.


Security cameras are in each room and at all entrances. Please use Canter Hall (door #14) each time you enter and leave the building. All parents are to sign their child(ren) in each day. We also ask that you leave a phone number where you can be reached throughout the day.

Signature of Parent/Guardian

	Date _____
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**Liability Release Form**

I hereby release, forever discharge, and agree to hold harmless Emmanuel Church of Greenwood and the directors thereof from any and all liability, claims, or demands for personal injury, sickness, or death, as well as property damage and expenses of any nature whatsoever which may be incurred by the undersigned and the child-participant that occur while said child is participating in the described program.

Emmanuel Church of Greenwood The Learning Zone

Child(ren) registered:

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Signature of Parent/Guardian

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Date 

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**Emmanuel Church of Greenwood  
The Learning Zone**

**Religious Information**

This questionnaire is designed to help us get to know you better. You are not obligated to answer any of the questions below.

The Learning Zone is a Christian Program. We will using some Gospel Light curriculum on a daily basis as well as Little Hands to Heaven curriculum.

Are you familiar with Christian education? \_\_\_\_\_

Do you attend church? \_\_\_\_\_

If so, where? \_\_\_\_\_

If you do not attend a church, what is your church or religious affiliation?

\_\_\_\_\_

Do you know anyone who attends or is a member of Emmanuel? \_\_\_\_\_

Please list any special prayer requests or needs you may have.

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

## Media Release

I allow for my child's picture to be taken for media purposes related to publicity and or daily/special events for The Learning Zone at Emmanuel Church of Greenwood. I understand that these pictures may also be posted on The Learning Zone's Facebook page ([facebook.com/thelearningzone.ecg](https://facebook.com/thelearningzone.ecg))

Child/Children's Name (s) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Parent's Name \_\_\_\_\_

Date \_\_\_\_\_

I **do not** give permission for pictures to be taken of my child.

Child's Name \_\_\_\_\_

Parent's Name \_\_\_\_\_

Date \_\_\_\_\_