

**MILES ROAD CHILDREN'S LEARNING CENTER
APPLICATION FOR ADMISSION**

STUDENT INFORMATION

Name: _____ Expected Start Date: _____

Birth date: _____ Gender: _____

With whom does the child reside? Mother ___ Father ___ Both ___

Allergies: _____

Other valuable information: _____

Are you a member of Miles Road Baptist Church? Yes ___ No ___

Class Placement _____ Full-time _____ Preschool Only _____
(Office use only)

FAMILY INFORMATION

Mother's Name _____	Father's Name _____
Social Security# _____	Social Security _____
Address _____	Address _____
City/State/Zip _____	City/State/Zip _____
Home Phone _____	Home Phone _____
Employer _____	Employer _____
Cell _____ Wk _____	Cell _____ Wk _____
Email _____	Email _____

ALTERNATE PICK-UPS

Name _____	Phone # _____	Relationship _____
Name _____	Phone # _____	Relationship _____
Name _____	Phone # _____	Relationship _____
Name _____	Phone # _____	Relationship _____

Parental Consent to Periodic Field Trips & Pickup from Public Schools:

My child _____ has my permission to participate in field trips sponsored by the Children's Learning Center for the school year of: _____ I understand that all field trips are at my personal expense. Having signed this form below, I understand that Miles Road Baptist Children's Learning Center, its staff or workers, are not responsible for any liability pertaining to any accident(s) occurring on such trips.

PARENTS WILL ALWAYS BE NOTIFIED PRIOR TO FIELD TRIPS.

Financial Policy Responsibility Agreement:

I agree to full financial and other responsibilities/policies as set forth in the Miles Road Baptist Church Children's Learning Center handbook and admission application.

Parent/Guardian Signature _____ Date _____