

Active Children Learning Center (ACLC)
"where learning is active and fun"
Registration Form School Year 2017 - 2018

File Date: _____

Start Date: _____

Parent/Guardian Information

Mother/Guardian

First Name: _____ M.I. _____ Last Name: _____
Address: _____
Home Phone: (____) _____ Work Phone: (____) _____ Cell Phone: (____) _____
Employed By: _____ Work Address: _____
Mother's SS#: _____ Driver's License #: _____ Email: _____

Father/Guardian

First Name: _____ M.I. _____ Last Name: _____
Address: _____
Home Phone: (____) _____ Work Phone: (____) _____ Cell Phone: (____) _____
Employed By: _____ Work Address: _____
Father's SS#: _____ Driver's License #: _____ Email: _____

Child Information

1st Child

First Name: _____ M.I. _____ Last Name: _____
Child's Address: _____
Gender: Male Female Date of Birth: _____ Age: _____
List any existing medical conditions, medication and/or special attention your child may require? _____

Does your child have Individual Family Service Plan (IFSP) or Individual Education Plan (IEP) ?. If any, please provide a copy of the required plan upon submission.

Allergies: _____
Pediatrician's Name: _____ Phone: (____) _____
Address: _____

Photographs: May we take and maintain a photo of your child for security purposes? Yes No
May we take, place and maintain a photo of your child in our website? Yes No
May we take, place and maintain a video of your child in our website? Yes No

2nd Child

First Name: _____ M.I. ____ Last Name: _____

Child's Address: _____

Gender: Male Female Date of Birth: _____ Age: _____

List any existing medical conditions, medication and/or special attention your child may require? _____

Does your child have Individual Family Service Plan (IFSP) or Individual Education Plan (IEP) ?. If any, please provide a copy of the required plan upon submission.

Allergies: _____

Pediatrician's Name: _____ Phone: () _____

Address: _____

Photographs: May we take and maintain a photo of your child for security purposes? Yes No

May we take, place and maintain a photo of your child in our website? Yes No

May we take, place and maintain a video of your child in our website? Yes No

Tuition / Payment Information

Registration Fee : \$ _____ + Enrollment fee: \$ _____ + Weekly Tuition: \$ _____ = Total: \$ _____

Please outline below whom is responsible for payment of tuition and fees. Please fill out if parents are divorced and split tuition payment or if tuition payment is the responsibility of an adult other than the parents listed above. _____

NOTE: There is a Tuition fee annual increase of 10 % starting on the last Monday of August.

Additional Comments & Information

If there is any other information that would be helpful to our management and teaching staff? _____

Admission is contingent upon receipt of completed forms (Registration, Health Inventory, Immunization, Emergency Form, Medication Authorization, Maryland Blood Lead Testing Certificate) and payment of the Registration Fee of \$ _____ plus Enrollment fee \$ _____. All new enrollee are required to pay ONE-TIME Enrollment fee to be an official student at ACLC. Both fees are non-refundable.

Signing ACLC Registration Form includes agreement of our Center Policy written in our Parent Handbook.

Parent's/Guardian Signature

Mother/Guardian: _____ Date: _____

Father/Guardian: _____ Date: _____

Thank You!

ACLC Director : _____ Date: _____