



Enrollment Information Schedule of Attendance

Check box next to your schedule preference and circle your preferred days of the week for 4 day, 3 day or 2 day program. Preferences will be accommodated based on availability.

FULL DAY SCHEDULE: 7:00 AM - 6:00 PM	MORNING SCHEDULE: 7:00 AM - 12:30 PM	AFTERNOON SCHEDULE: 12:30 PM - 6:00 PM
<input type="checkbox"/> 5 Days - M thru F	<input type="checkbox"/> 5 Days - M thru F	<input type="checkbox"/> 5 Days - M thru F
<input type="checkbox"/> 4 Days - M T W Th F	<input type="checkbox"/> 4 Days - M T W Th F	<input type="checkbox"/> 4 Days - M T W Th F
<input type="checkbox"/> 3 Days - M T W Th F	<input type="checkbox"/> 3 Days - M T W Th F	<input type="checkbox"/> 3 Days - M T W Th F
<input type="checkbox"/> 2 Days - M T W Th F	<input type="checkbox"/> 2 Days - M T W Th F	<input type="checkbox"/> 2 Days - M T W Th F

Today's Date:			
Child's Name:			
Nickname:			
Birthdate:	Age:	Male:	Female:
Address:			
City:		State:	Zip Code:
Home Phone #:		Cell Phone #:	
Mother/Step/Guardian:			
Address:			
City:		State:	Zip Code:
Home Phone #:		Cell Phone #:	
Employer:		Work Phone #:	
Email address:		Living With Child: Yes No	
Father/Step/Guardian:			
Address:			
City:		State:	Zip Code:
Home Phone #:		Cell Phone #:	
Employer:		Work Phone #:	
Email address:		Living With Child: Yes No	

DROP-OFF/PICK-UP AUTHORIZATION

Adults (18 years of age or older) who have permission to drop-off/pick-up my child at/from Li'l Peoples Learning Center or those to contact in a case of illness or emergency are listed below. Photo identification must be presented to verify below named individuals' identity before child will be released. We are extremely protective of the children who have been placed in our care.

Please include parents in this list.

List each person in the order of in which you would prefer contact to be made. If there is a court-ordered custody situation, please include a copy of the custody court order paperwork with your enrollment information.

NAME	WORK PHONE #	CELL PHONE #	HOME PHONE #	RELATIONSHIP
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				

◆ I give permission for my child, _____, to be dropped off and picked up by the above named individuals.

Mother/Step/Guardian Signature

Date

Father/Step/Guardian Signature

Date

Mission Statement:

Li'l Peoples Learning Center is an outreach ministry of Peoples Church of the Assemblies of God in Salem, Oregon. Our mission is to provide a loving, Christ-centered learning environment in which **all** children are nurtured to grow spiritually, socially, intellectually, emotionally and physically based upon each child's unique timing.

Train a child in the way he should go, and when he is old he will not turn from it.
Proverbs 22:6 (New International Version)

HEALTH INFORMATION

CHILD'S NAME:

HEALTH PROBLEMS:

✓ By those that are applicable	Diabetes?	
	Epilepsy?	
	Heart Condition?	
	Asthma?	What triggers the asthma?
	Bee Sting Allergy?	Reaction symptoms?
	Milk Allergy?	Reaction symptoms?
	Nut Allergy?	Reaction symptoms?

OTHER ALLERGIES: (specify triggers and symptoms)

MEDICATIONS:

PHYSICAL LIMITATIONS:

MEDICAL INSURANCE INFORMATION

Insurer:

Group #:

I.D. #:

Physician:

Physician's Address:

Physician's Phone:

Dentist:

Dentist's Address:

Dentist's Phone:

◆ In the event that my child sustains an injury or life-threatening illness requiring immediate medical attention, I authorize the Li'l Peoples Learning Center staff to make arrangements for my child to receive medical care, including transportation by ambulance, if deemed necessary, during my child's care at Li'l Peoples Learning Center. The staff will make every possible effort to contact and notify you of any action taken including the reasons for such actions.

Mother/Step/Guardian Signature

Date

Father/Step/Guardian Signature

Date

CHILD'S NAME:

REGISTRATION AND TUITION FEES:

STUDENT REGISTRATION: \$25 PER CHILD

Li'l Peoples Learning Center is open from 7:00 am to 6:00 pm, Monday through Friday.

We offer 5-day, 4-day, 3-day, and 2-day full-day and half-day schedules.

We enroll children ages 36 months thru pre-kindergarten.

FULL DAY SCHEDULE: 7:00 AM - 6:00 PM (RATE PER MONTH)		MORNING SCHEDULE: 7:00 AM - 12:30 PM (RATE PER MONTH)		AFTERNOON SCHEDULE: 12:30 PM - 6:00 PM (RATE PER MONTH)	
# of Days	Rate/Month	# of Days	Rate/Month	# of Days	Rate/Month
5 Days	\$495	5 Days	\$355	5 Days	\$355
4 Days	\$420	4 Days	\$295	4 Days	\$295
3 Days	\$350	3 Days	\$245	3 Days	\$245
2 Days	\$240	2 Days	\$165	2 Days	\$165

Payment (or co-payment) is due in full by the 10th day of the month. A late payment fee of \$25 will be added to any account not paid in full (or co-payment not paid) on the 11th day of the month.

DHS accepted. There is a 10% discount for multiple children enrolled beginning with the second child.

A late pick-up fee of \$5 per 5 minutes (or fraction thereof) will be added to your account for each child picked up after our 6:00 pm closing time (or 12:30 pm for morning schedule children).

◆ I have read and understand the policies stated above regarding payment due date, late payment fee, and late pick-up fee.

Mother/Step/Guardian Signature

Date

Father/Step/Guardian Signature

Date