

Taylor Road Baptist Church **EARLY LEARNING CENTER**

1685 Taylor Road, Montgomery, Alabama 36117 334-271-0845

irst Child's Full Name		Da	ate of Birth	Age when school starts		Gender
						M/F
Sessions Requested (Please circle each that applies)	Monday 9-1 / Early / Late	Tuesday 9-1 / Early / Late	Wednesday 9-1 / Early / Late	Thursday 9-1 / Early / Late	Waitlist Request	
Second Child's Fu	II Name	Da	ate of Birth	Age when schoo	l starts	Gender M/F
Sessions Requested (Please circle each that applies)	Monday 9-1 / Early / Late	Tuesday 9-1 / Early / Late	Wednesday 9-1 / Early / Late	Thursday 9-1 / Early / Late	Waitlist Request	
hird Child's Full I	Name	Da	ate of Birth	Age when school	ol starts	Gender
						M/F
Sessions Requested (Please circle each that applies)	Monday 9-1 / Early / Late	Tuesday 9-1 / Early / Late	Wednesday 9-1 / Early / Late	Thursday 9-1 / Early / Late	Waitli	st Request
Parent Contact Information: Primary Address				State and Zipcode		
Primary Email Ac	ldress			Parents marital s	tatus	
Mother's Name				Mother's Phone		
Father's Name				Father's Phone		
Church Home				Who does the chil	d live with	n?
C.Id.CII HOITIG				The does the entire	G IIVC VVICI	
ick Up/ Emerg	ency Contact I	nformation (d	other then pare	ents):		
Pick Up/ Emergency Contact 1				Phone Number		

Medical Details:

First Child's Full Name	Allergies	Physical needs	
Please elaborate			
Second Child's Full Name	Allergies	Physical needs	
Please elaborate		- 20	
Third Child's Full Name	Allergies	Physical needs	
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Please elaborate			

Parent Contract:

I agree to pay the registration fee and supply fee listed when registered. I also agree to pay tuition 10 times for the school year program. I am aware that not paying fees on time will result in my child not being allowed to attend until fees are paid. I understand that I am responsible to pay the \$100 supply fee and registration fee before my child is considered registered for school. I understand fully that payments are due on the 10th of the month and are late after the 15th. I understand that as of the 15th I will receive a \$20 late charge (per child). I understand that my child will not be allowed to attend if payment becomes 30 days late and arrangements have not been made to rectify missed payment. I understand that tuition is based upon 10 months and is broken down into 10 equal payments. I understand that months shortened due to a holiday are not prorated. I agree to provide a two week notice in writing if I withdraw my child from the program. I also understand that my child may not be withdrawn from the program after March 1. I understand that if anyone else needs to pick my child up notice before hand is required. All guests must knock on the door and bring a photo ID. It is my understanding that I am signing a 10 month (August-May) contract with Taylor Road Baptist Church Early Learning Center and must abide by the rules outlined in the above section. If I cannot fulfill the terms of this contract I will leave gracefully and with integrity remembering the primary purpose of this program is to minister to children.

Signature of Parent or Guardian______ Date_____



