FLATWATER BANK
EARLY LEARNING
CENTER

Family Registration Form

Child Information:

1. Child's Full Name: _____ Birthdate: _____

Days of care needed (please circle): M T W TH F State Subsidy or Private Pay

Hours of care: _____ * Part time Preschool **Only** (please circle): 3/4 4/5

2. Child's Full Name: _____ Birthdate: _____

Days of care needed (please circle): M T W TH F State Subsidy or Private Pay

Hours of care: _____ *Part time Preschool **Only** (please circle): 3/4 4/5

3. Child's Full Name: _____ Birthdate: _____

Days of care needed (please circle): M T W TH F State Subsidy or Private Pay

Hours of care: _____ *Part time Preschool **Only** (please circle): 3/4 4/5

4. Child's Full Name: _____ Birthdate: _____

Days of care needed (please circle): M T W TH F State Subsidy or Private Pay

Hours of care: _____ *Part time Preschool **Only** (please circle): 3/4 4/5

If you are signing up for part time preschool only, are you needing transportation to and from these classes from a local, licensed in-home provider? ____ Yes ____ No
Name of provider: _____

Guardian Information:

Guardian #1 Full name:_____ Email:_____

Address:_____

Cell:_____ Place of Employment and phone:_____

Guardian #2 Full name:_____ Email:_____

Address:_____

Cell:_____ Place of Employment and phone:_____

I/We, _____, have received the parent handbook. I/We have reviewed the contents and agree to abide by all policies and procedures included. I/We understand that any questions concerning this handbook can be brought to the center director or the Impact Center Board of Directors.

Signature of Guardian #1:_____Date:_____

Signature of Guardian #2:_____Date:_____

Return completed and signed form with appropriate deposit/fee to any of the following:

- Learning Adventures
- Building Blocks
- Agape Preschool
- GECLC Office, 1001 Lake Avenue