



# Christ Memorial Lutheran Early Childhood Learning Center

Christ Memorial Lutheran ECLC • 14200 Memorial Dr. Houston, TX 77079  
(281) 497-2055 • eclcoffice@christmemorialhouston.church • www.christmemorialeclc.org  
"Train up a child in the way he should go... and he will not depart from it." Proverbs 22:6

## 2020 – 2021 Enrollment Form BRIDGE to KINDERGARTEN

I hereby make application for the admission of my child to Christ Memorial Lutheran (CML) Early Childhood Learning Center for the 2020 - 2021 school term. Please print legibly.

**Child's Full Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Male/Female**  
MM DD YY (circle one)

**Home Address:** \_\_\_\_\_ **Zip Code** \_\_\_\_\_

**Mom's Name:** \_\_\_\_\_ **Mom's Cell #:** \_\_\_\_\_

**Mom's Occupation:** \_\_\_\_\_ **Mom's Email:** \_\_\_\_\_

**Dad's Name:** \_\_\_\_\_ **Dad's Cell #:** \_\_\_\_\_

**Dad's Occupation:** \_\_\_\_\_ **Dad's Email:** \_\_\_\_\_

**Does your child speak English?** \_\_\_\_\_ **What language is spoken at home?** \_\_\_\_\_

**Does your child have preschool experience?** \_\_\_\_\_ **If so, where?** \_\_\_\_\_

**Siblings who will be attending CML (please list names & ages):** \_\_\_\_\_

**Church Affiliation:** \_\_\_\_\_ **How did you hear about CML?** \_\_\_\_\_

### STUDENT HEALTH

Please list any allergies, existing illnesses, previous serious illness/injuries, any hospitalizations during the past 12 months and/or any medications prescribed for continuous, long-term use.

If applicable, INITIAL \_\_\_\_\_ I will provide a Food Allergy and Anaphylaxis Emergency Care Plan to CMLECLC.

### EMERGENCY CONTACT

Person to be contacted in an emergency when the parent(s) cannot be reached.

Name	Address	Cell #	Relationship to Child

### RELEASE PERMISSION

Person(s) other than a parent to whom the child may be released.

Name	Cell #	Relationship to child

Name	Cell #	Relationship to child

### Fee Schedule (monthly rate)

First payment is due September 1st. Tuition is due each month on the 1st and considered late by the 5th.

Monday- Friday 8:45am to 2:30pm  
\$450.00 per month

I have enclosed **\$250.00 Registration Fee plus \$200.00 deposit** to be applied to August 2020, tuition in order to enroll my child for the 2020 - 2021 school year. As required by CMLECLC's admission policy, the balance of August 2020 is due no later than March 31, 2020. I understand that August 2020, tuition may not be applied to any other month's tuition.

**Registration fee and August 2020 tuition are non-refundable.**

**Parent/Guardian Signed & Acknowledged** \_\_\_\_\_ **Date** \_\_\_\_\_