

Lu's Learning Center — Application 4-Year Old Program

Please check the number of days your child will attend: 3 days 5 days

I hereby make application for the admission of my child at Lu's Learning Center. I understand that I will be responsible for payment of the monthly tuition at the first of each month and, in order to hold my child's place in school, it will be necessary to make each of the nine monthly tuition payments, even if circumstances require my child to be absent for an entire month. If I have not paid by the 20th of each month, I understand that there will be a \$10 charge added to my monthly tuition. I understand that the registration fee is non-refundable.

Child's Name _____ Name Called _____

Birthday _____ Present Age _____ Sex-Female _____ Male _____

****Must be 4 before September 1, 2024****

Other children in the home and their ages _____

Home Phone _____ Mailing Address _____

Mother's Name _____ Employer _____

Cell Phone _____ Work Phone _____

Father's Name _____ Employer _____

Cell Phone _____ Work Phone _____

Babysitter's Name _____ Phone Number _____

Allergies (if any) _____

Doctor's Name _____ Phone Number _____

When parents cannot be reached during school hours, call:

1. _____ Phone Number _____

2. _____ Phone Number _____

3. _____ Phone Number _____

Parent's Signature _____ Date _____

Lu's Learning Center | 505 West Main Street | Thomaston, Georgia 30286 | 706.647.0309

Lisa Sadler, President -706.975.9702

Sharla Mobley, Secretary - 706.741.0070