

# 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 20<sup>th</sup> 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, 2025\*\***

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