

(785) 776-2162 | 2711 Amherst Ave. Manhattan, KS 66502 | livingwordchurchelc@gmail.com

Application for Enrollment - Preschool

Instructions:

- Once completed, drop-off, mail, or scan and email application to center.
- Payments accepted via cash or check. Make checks payable to Living Word Early Learning Center.
- Note: Enrollment is open year-round depending on current openings. We accept children aged 2.5-6, who are fully potty trained for our preschool program. Please see Toddler Application for children 12months-2.5yrs.

| Child Information | | |
|-----------------------|-----------------|-----------------|
| Last Name | First Name | Male □ Female □ |
| Address | Birthday | Age of Child |
| Parent/Guardian Infor | mation | <u>'</u> |
| 1. Last Name | First Name | Email |
| Address | Cell Phone | Work Phone |
| | , | • |
| 2. Last Name | First Name | Email |
| Address | Cell Phone | Work Phone |
| Local Emergency Conta | act Information | <u>'</u> |
| 1. Last Name | First Name | Address |
| | | Phone Number |
| 2. Last Name | First Name | Address |
| | | Phone Number |



(785) 776-2162 | 2711 Amherst Ave. Manhattan, KS 66502 | livingwordchurchelc@gmail.com

Please indicate your choice of program (full time or part week) and payment options below. Tuition is due on the 1^{st} and 16^{th} of each month.

Rates

Full Time:

| Status | Days | Hours | Monthly Rate | Bi-Monthly Rate | 1 |
|-----------|---------|------------|--------------|-----------------|---|
| Full Time | Mon-Fri | 7am-5:30pm | \$800 | \$400 | |

Part Week (Mon/Wed/Fri):

| Status | Days | Hours | Monthly Rate | Bi-Monthly Rate | √ |
|-----------|-------|------------|--------------|-----------------|----------|
| Part Week | M/W/F | 7am-5:30pm | \$600 | \$300 | |

Part Week (Tue/Thur):

| Status | Days | Hours | Monthly Rate | Bi-Monthly Rate | ✓ |
|-----------|------|------------|--------------|-----------------|---|
| Part Week | T/U | 7am-5:30pm | \$410 | \$205 | |

| Estimated Start Date: | |
|--|---|
| Approximate Drop-Off Time: | _ |
| Approximate Pick-Up Time: | |
| | |
| *We accept DCF and Raising Riley Scholarships. | |
| *Ask about our multi-child discount! | |

| I/We choose to pay: | Monthly \square | Bi-Monthly \square |
|---------------------|-------------------|----------------------|
| | | |



(785) 776-2162 | 2711 Amherst Ave. Manhattan, KS 66502 | livingwordchurchelc@gmail.com

Requirements Upon Enrollment

- 1. \$30.00 non-refundable application fee per family
- 2. Deposit of first 2 weeks of care paid prior to start date. This amount will be credited towards your first month's tuition. Once the application fee and deposit are processed, your child's spot will be held until their approved start date.

Note: Deposits are not required to be put on our waiting list. A deposit will be requested once a spot becomes available.

- 3. Cash or Checks made payable to Living Word Early Learning Center
- 4. A completed Registration Packet will need to be turned in at least three days prior to your child's approved start date.

Financial Agreement between LWELC and Parents of LWELC Children

| I, the parent/legal guardian of terms of enrollment. | (cł | nild's name) agree to the following |
|---|-----------------------------------|---|
| I agree to read the LWELC Pare the center's policies. | ent Handbook (a hard copy will | be provided upon request) and follow |
| I agree to pay the enrollment | fee at the time of submitting the | e enrollment form. |
| I agree to pay 2 weeks tuition your child's first month's t | · · | ELC. This money will be applied towards |
| 3 | n and no arrangements have be | mination of my child's enrollment in en made with LWELC, you will be billed |
| I give permission to LWELC sta me. | ff to call my listed Emergency C | ontacts if they are not able to reach |
| Parent's Name | Parent's Signature/Date | |
| Provider's Name | Provider's Signature/Date | |
| Office Use Only: Start Date: | End Date: | |