



Concordia Lutheran Early Childhood Center
 7420 N. 2nd St.
 Machesney Park, IL 61115
 (815) 654-8263 Phone (815) 815-654-7998 (Fax)
 www.clc-mp.org

Child Registration Information

Date:		Family Email Address:	
Child's Name:		Birth date:	Age:
Gender:	Home Phone:	Child lives with:	
Arrival Time:	<input type="checkbox"/> 6:30-7:00 a.m.	<input type="checkbox"/> 7:00-7:30 a.m.	<input type="checkbox"/> 7:30-8:00 a.m. <input type="checkbox"/> Other _____
Days Attending:	<input type="checkbox"/> Mon.	<input type="checkbox"/> Tues.	<input type="checkbox"/> Wed. <input type="checkbox"/> Thurs. <input type="checkbox"/> Fri. <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time

Custodial Parent/Guardian Information:

Name:		Name:	
Relationship:		Relationship:	
Address:		Address:	
City/State/Zip:		City/State/Zip:	
Email Address:		Email Address:	
Employer:		Employer:	
Employer Address:		Employer Address:	
Work #	Cell#	Work #	Cell#

Secondary Parent/Guardian Information:

Name:		Name:	
Relationship:		Relationship:	
Address:		Address:	
City/State/Zip:		City/State/Zip:	
Email Address:		Email Address:	
Employer:		Employer:	
Employer Address:		Employer Address:	
Work #	Cell#	Work #	Cell#

Emergency Contacts:

(when parents cannot be reached)

**Please note* Children will not be released to anyone under the age of 18*

Name:		Name:	
Relationship:		Relationship:	
Address:		Address:	
Home #	Work #	Home #	Work #
Cell #	Authorized to Pick-up?	Cell #	Authorized to Pick-up?
Name:		Name:	
Relationship:		Relationship:	
Address:		Address:	
Home #	Work #	Home #	Work #
Cell #	Authorized to Pick-up?	Cell #	Authorized to Pick-up?

Individuals NOT Authorized to Pick-up

Name:	Relationship:	Is there a Protective Order?: <i>* If Yes-Please provide copies*</i>
Name:	Relationship:	Is there a Protective Order?: <i>* If Yes-Please provide copies*</i>

Publications Release

I hereby authorize Concordia Lutheran Early Childhood Center to take photographs of my child and to include my child's first name. I understand these photographs may be used in but not limited to, display bulletin boards, center brochures, CECC website, newspapers, scrapbooks and may be use to accompany written training materials or promotion of the program. I agree that I am to receive no compensation for my child's appearance and that this appearance confers on me no ownership rights whatsoever.

Parent Signature: _____ Date: _____

Parent Signature: _____ Date: _____

Financial Agreement

Billing/Guarantor Information

Primary Guarantor		Secondary Guarantor	
Name		Name	
Relationship		Relationship	
SSN	DOB	SSN	DOB
Address		Address	
City/Zip		City/Zip	
Email		Email	
Employer		Employer	
Occupation		Occupation	
Work #	Cell #	Work #	Cell #
License #	State Issued	License #	State Issued

Rate: \$ _____ Week/Month

If applying for tuition assistance through the YWCA, individual(s) are responsible for the full tuition rate until application is approved. Once application is approved, the monthly co-pay will be applied retroactive from the approval date.

I/we understand that payment is due each and every Friday by 6:00 p.m. for the upcoming week and that late fees will be applied to our account if payment is not received on time. I/we also understand that there will be no credits issued for any absences due to illness or weather related causes or any other causes. I/we assume personal and/or individual responsibility for all charges, including those of a collection agency if necessary. I/we have read and agree to the terms and conditions outlined in the Concordia Early Childhood Center's Parent Handbook.

Parent Signature: _____ Date: _____

Parent Signature: _____ Date: _____

Official Use Only:

Date Received: _____ Date Registration Paid: _____ Method of payment _____ Check # _____
 Staff Initials: _____