

THE EARLY LEARNING CENTER

In partnership with Heritage Christian Academy
Mailing Address: PO Box 296 Sylva, NC 28779
Office: 586-2358

2010-11 Student Enrollment Application

Name of Child _____
(Last) (First) (MI) (Nickname)
Mailing Address _____
State _____ Zip Code _____ DOB ____/____/____ Age _____

I would like my child enrolled in: (Please mark one)

_____ 1 year old room _____ 2 year old room _____ 3 year old room _____ 4 year old room

Please Select Days:

_____MWF _____TTh _____MTWTF

INFORMATION ABOUT THE FAMILY:

Father/Guardian's Name _____ Home Phone _____
Address _____ Zip Code _____
Mailing Address _____
Where Employed _____ Business Phone _____
Cell Phone _____ Email _____

Mother/Guardian's Name _____ Home Phone _____
Address _____ Zip Code _____
Mailing Address _____
Where Employed _____ Business Phone _____
Cell Phone _____ Email _____

Other people in the household (indicate relationship: e.g. brother, grandmother, ect.)
Name Relationship Age

Would you be interested in any of the above siblings enrolling in HCA? _____ Which one(s)? Please indicate grades:

A non-refundable, registration fee of \$50.00 is due with this enrollment application. Make payable to FUMC Early Learning Center.

Student medical and allergy information will be requested at a later time

NOTICE OF NON DISCRIMINATORY POLICY

The EARLY LEARNING CENTER admits students of any race, color, national and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the ELC. It does not discriminate on the basis of race, color, nation and ethnic origin in administration of its educational policies, admission policies, or any other school-administered programs.