

Transformation Learning Center

A Ministry of Transformation Life Church

190 Valley Blvd. Wood-Ridge, NJ 07075 (201) 933-2894 Email: info@tlcps.org

REGISTRATION FORM

In order for us to process this registration form, all information must be filled out; please print legibly.
\$150 non-refundable registration fee is required. Make checks payable to: TLC

Today's Date: _____ How did you hear about us? _____

Age on Oct. 1st: _____ *Your child must be 3 or 4 years old by October 1st to enroll.*

Child's Full Name: _____
(First) (Middle) (Last)

Home Address: _____
(Street) (City) (Zip Code)

Sex: M or F Birth Date: ____/____/____

PRIMARY – Parent/Guardian Name: _____
(First) (Last)

Relationship to child: Mother ____ Father ____ Other: _____

Address: *(If different from child's)*

(Street) (City) (Zip Code)

Cell Phone: _____ Work Phone: _____

Email: _____

SECONDARY – Parent/Guardian Name: _____
(First) (Last)

Relationship to child: Mother ____ Father ____ Other: _____

Address: *(If different from child's)*

(Street) (City) (Zip Code)

Cell Phone: _____ Work Phone: _____

Email: _____

***Parent/Guardian's Marital status:** Single ____ Married ____ Divorced ____ Separated ____ Widow(er) ____

***Financial Responsibility:** All payment issues will be addressed to the **Primary Parent/Guardian** unless otherwise indicated here: **Name:** _____ **Relationship** _____

Address: *(If different from above)*

(Street) (City) (Zip Code)

Cell Phone: _____ Work Phone: _____

Email: _____

PROGRAMS

- Half day, Full Day and Extended Day - 5 days of attendance per week.

Please indicate the program your child will attend.

PROGRAM	
Half Day 8:30am-11:30am	
Full Day 8:30am-3pm	
Extended Day 6:30am – 6:30pm	

CHILD INFORMATION

- **Does your child have any allergies?** Yes _____ No _____

List allergies if any:

Food _____

Other _____

If yes, Allergy and Anaphylaxis Emergency Plan form must be completed.

- **Does your child have any medical condition other than allergies that requires special attention?**

Yes _____ No _____

If yes, please briefly describe condition here and complete a Care Plan for Children with Special Health Needs Form.

- **Is your child taking any medications?** Yes _____ No _____

If yes, please list medication here. If medication must be administered to your child while at the Center, a Medication Authorization Form must be completed.

- **Child's Primary Language** _____

CONTRACT

- 1) I am enrolling my child (above) for the Transformation Learning Center for the program indicated.
- 2) I understand that the Registration Fee, first month Tuition and Security deposit as indicated on Tuition and Fees schedule must be paid in full at the time of registration.
- 3) I understand that Registration fees are non-refundable.
- 4) I agree to pay the monthly tuition on or before the 1st of each month.
- 5) I have read and agree to the Other Fees schedule attached to this contract.
- 6) I understand that I must give 30 days written notice to the Center Director of my child's last day and I agree that my security deposit may be applied to any outstanding balance on my account at the discretion of TLC.
- 7) I understand that my child may not attend without the proper fees being current. I understand that NO REFUNDS, CREDITS OR ADJUSTMENTS will be made for any absences: scheduled holidays, vacations, sick days, personal days or Center closings due to weather or other emergencies.
- 8) I understand that my child must be fully toilet trained to be enrolled at TLC.
- 9) I acknowledge that I have received, understand and agree to follow the Parent's Policies and Procedures Manual.
- 10) By signing this agreement, I understand and agree that, in the event I should fail to pay any balance due, I will be responsible to pay late fees and interest at 1.5% per month until the amount due is paid, plus reasonable attorney's fees.

Your signature constitutes acceptance of the terms and conditions listed above as well as those contained in the Parent's Policies and Procedures Manual.

Legal Guardian's Name: _____ Date: _____

Signature: _____

For Office Use only:

Date Received: _____

Registration Fee \$150.00

Cash \$ _____

Tuition \$ _____

Check \$ _____ Check# _____

Interim Tuition \$ _____

Credit Card \$ _____

Security \$ _____

Discount \$ _____ 10% Sibling

Sub-Total: \$ _____

Credit Card fee 2% _____

Less Deposits \$ _____

TOTAL: \$ _____

Start Date _____
