

Highland Learning Center  
 Application for Admission 2009-2010  
 A Ministry of Highland Baptist Church  
 2513 N. 7<sup>th</sup> Avenue  
 Laurel Ms. 39440  
 601-425-4225

Child's Name \_\_\_\_\_  
                             First                            Last                            Middle

Address \_\_\_\_\_  
                     Street                    City                    State                    Zip

Social Security #: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Sex: \_\_\_ F \_\_\_ M

Mother's Name: \_\_\_\_\_ Home # \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Employer \_\_\_\_\_ Work# \_\_\_\_\_ Cell# \_\_\_\_\_  
 Church Affiliation: \_\_\_\_\_ Member \_\_\_\_\_ Yes \_\_\_ No

Father's Name: \_\_\_\_\_ Home # \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Employer: \_\_\_\_\_ Work # \_\_\_\_\_  
 Cell # \_\_\_\_\_  
 Church Affiliation: \_\_\_\_\_ Member \_\_\_\_\_ Yes \_\_\_ No

Brothers or Sisters:	Name	Age	Grade	School
	_____	_____	_____	_____
	_____	_____	_____	_____

Persons to be called in case of illness/emergency other than parents:  
 Name \_\_\_\_\_ Relationship \_\_\_\_\_ Ph. # \_\_\_\_\_  
 Name \_\_\_\_\_ Relationship \_\_\_\_\_ Ph. # \_\_\_\_\_

For Office Use Only

\_\_\_\_\_ Registration Fees \_\_\_\_\_ Enrollment Date \_\_\_\_\_ Check # \_\_\_\_\_  
 \_\_\_\_\_ Immunization Form #121 \_\_\_\_\_ Permission Forms  
 \_\_\_\_\_ Schedule (3 or 5 Day) (Days of the Week)  
 \_\_\_\_\_ Class \$ \_\_\_\_\_ Monthly Tuition

**MEDICAL INFORMATION**

Health (Physical/Emotional) Problems: \_\_\_\_\_

\_\_\_\_\_

Daily Medication: \_\_\_\_\_

Medical Treatment: \_\_\_\_\_

Allergies (drug, food, animal, hay fever, asthma, etc.): \_\_\_\_\_

\_\_\_\_\_

**MEDICAL RELEASE**

In enrolling my child in Highland Learning Center at Highland Baptist Church of Laurel, MS, I(we) understand that Highland Baptist Church assumes no responsibility for sickness or injury which may occur while my(our) children is(are) in attendance at HLC. As a condition of enrollment of my(our) child(children) in HLC, I(we) hereby relieve and release Highland Baptist Church and its employees from any and all liability for injury or sickness which may occur for any cause while my(our) child(children) is(are) in this program.

\_\_\_\_\_  
Parent/Sponsor Signature

\_\_\_\_\_  
Date

**MEDICAL CONSENT**

In order to meet all legal requirements, I hereby authorize a representative of Highland Learning Center to give consent for any and all necessary medical care for my child \_\_\_\_\_ while said child is in Highland Learning Center's custody.

In case of emergency, my child's physician, Dr. \_\_\_\_\_  
At phone number \_\_\_\_\_ may be called to examine and/or treat my(our) child(children) at my(our) expense in any hospital within the city limits of Laurel, MS.

Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

\_\_\_\_\_  
Parent/Sponsor Signature

\_\_\_\_\_  
Date

**PHOTOGRAPHY PERMISSION**

I do \_\_\_\_ I do not \_\_\_\_ give permission for my child, \_\_\_\_\_ to be photographed or videotaped at Highland Learning Center.

\_\_\_\_\_  
Parent/Sponsor Signature

\_\_\_\_\_  
Date

**PERMISSION FOR PICK-UP**

**The following people have my permission to pick up my child other than parents:**

Name: \_\_\_\_\_ relationship \_\_\_\_\_  
Name: \_\_\_\_\_ relationship \_\_\_\_\_  
Name: \_\_\_\_\_ relationship \_\_\_\_\_  
Name: \_\_\_\_\_ relationship \_\_\_\_\_

I understand the person to pick up my child may be asked to present a driver’s license. I will notify the Director in writing if someone other than the above people will be picking up my child.

**The following people are not to pick up my child:**

Name: \_\_\_\_\_ relationship \_\_\_\_\_  
Name: \_\_\_\_\_ relationship \_\_\_\_\_

\_\_\_\_\_  
Parent/Sponsor Signature Date

**K-4 FIELD TRIP PERMISSION**

I agree to abide by all of the Highland Learning Center policies. I understand the registration fee will reserve my child’s space for the session and is non-refundable. Staff is employed according to the number of children enrolled each day. My registration is my financial commitment for the number of days indicated at time of registration **whether my child is present or absent. Tuition is due on the 5<sup>th</sup> of the month** and a \$30.00 fee will be added if tuition is paid after the 5<sup>th</sup> of the month.

I have received a copy of the Parent Handbook (online) concerning the Center’s policies and procedures, and a Summary of Child Care Regulations for Parents (on back page).

\_\_\_\_\_  
Parent/Sponsor Signature Date