

Early Learning Matters (ELM) Adventures in Bookland

Summer 2020 Enrollment Form (ages 3-7)


STUDENT INFORMATION					
First Name	Mid. Init.	Last Name	Preferred Name	D. O. B.	Gender M F
Address				Primary Language	
City	State	Zip	Phone	Ethnic, Racial or Cultural Heritage	

Enrolling for: (select the desired option and return the total non-refundable deposit with this form)

___ Option One: Monday-Thursday 9:00-11:45 \$990 (\$250 deposit, 2 payments of \$370)	___ Option Two: Monday/Wednesday 9:00-11:45 \$610 (\$200 deposit, 2 payments of \$205)
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PARENT/GUARDIAN CONTACT INFORMATION					
Parent/Guardian #1 (First, Middle, Last)		Relationship to Student		Home Phone ()	Cell Phone ()
Address		City	State	Zip	Work Phone ()
Employer Name			Email Address		
Parent/Guardian #2 (First, Middle, Last)		Relationship to Student		Home Phone ()	Cell Phone ()
Address		City	State	Zip	Work Phone ()
Employer Name			Email Address		

ADDITIONAL INFORMATION	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Is your child potty trained? _____
<input type="checkbox"/> Yes <input type="checkbox"/> No	Does your child have any special needs, restrictions or allergies of which the school should be aware? _____
<input type="checkbox"/> Yes <input type="checkbox"/> No	Does your child use any special equipment such as a wheelchair, hearing aid, braces, etc. _____
<input type="checkbox"/> Yes <input type="checkbox"/> No	Is your child a sibling of a current or previous ELM student? Who: _____ Year of attendance: _____
<input type="checkbox"/> Yes <input type="checkbox"/> No	Are any of your child's friends currently enrolled or applying? _____
How did you find out about Early Learning Matters Summer Program? (check all that apply) <input type="checkbox"/> Newsletter <input type="checkbox"/> ELM Parent <input type="checkbox"/> Friend <input type="checkbox"/> Website	
<input type="checkbox"/> Other _____	

PARENT/GUARDIAN AGREEMENT	
<ul style="list-style-type: none"> The full tuition is due regardless of absences. Children are to be signed in and out by parent or guardian. Doors will remain locked until class start time. If someone other than a parent is to pick up your child, a staff member must receive advance written notice. We are unable to accept your child at ELM when ill. If a child becomes ill or injured while at ELM, a parent will be called to pick the child up. All clients must sign and have on file a Health and Emergency Authorization form prior to attendance. Children at ELM are occasionally photographed or videotaped while participating in center activities. Please be advised that when you enroll your child at ELM, you can request exclusion for your child in writing. <p><i>I have read, understand, and accept the above policies.</i></p> <p>Parent/Guardian Signature _____ Date _____</p> <p style="text-align: center;">Questions or More Information: 503-648-8917 www.strongthinkers.com</p>	<p>Please verify space in the summer program prior to enrollment. To enroll, please submit the application and the non-refundable deposit(s). The deposit will be applied toward the tuition. Space will be filled in the order that the applications and deposits are received.</p> <p>Send Application and Deposit to: Early Learning Matters P.O. Box 3412 Hillsboro, OR 97123</p> <div style="text-align: center;">  <p>Early Learning Matters PRESCHOOL & K</p> </div>