

THE EARLY LEARNING CENTER

Sylva First United Methodist Church
Mailing Address: PO Box 296 Sylva, NC 28779
Carolyn Colton Office: 828-507-0241

Student Enrollment Application

Name of Child: _____
(Last) (First) (MI) (Nickname)

Mailing Address _____

State _____ Zip Code _____ DOB ____/____/____ Age _____

I would like to enroll my child in: (Please mark one) School Yr: _____

Infant room 1 year old room 2 year old room 3 year old room TK room (5 days a week only)

Please select days: MWF TTh MTWTF

INFORMATION ABOUT THE FAMILY

Father/Guardian's Name _____ Home Phone _____

Address _____ Zip _____

Mailing Address _____

Where Employed _____ Business Phone _____

Cell Phone _____ Email _____

Mother/Guardian's Name _____ Home Phone _____

Address _____ Zip _____

Mailing Address _____

Where Employed _____ Business Phone _____

Cell Phone _____ Email _____

Other people in the household (indicate relationship)

<u>Name</u>	<u>Relationship</u>	<u>Age</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

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 DISCRIMINATION 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.