

**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 \$75.00 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.