## First United Methodist Church THE EARLY LEARNING CENTER

Mailing Address: PO BOX 296 Sylva, NC 28779

Office: 828-586-2358

## Student Enrollment Application for SUMMER 2024 June 17th-July 26th

Today's Date		Please mark one: □ Re-Enrollment or □ New Enrollment			
Full Name of Child					
Mailing Address:					
Date of Birth	_/		Age:		
Please select days:	☐ <b>M</b> thru F	□MWF		□тт	
17th• The cost is per	child, per number o	of days enrolled per w	eek for 6 v	II payment is due on the first day of class Juveeks. A 15% sibling discow1t is applied for to have payments made by cash or certified ch	
lyr old through Pre- Infant	K 2 days 2 days		\$330 \$390	5 days \$480 5 days \$570	
Information about	the family:				
Mother's/Guardian'	's Name:			Home Phone:	
Mailing Address _					
				Work Phone:	
Cell Phone:		Email:			
Father's/Guardian's	s Name:			Home Phone:	
Address:					
Mailing Address:	-				
Employer:				Work Phone:	
Cell Phone:		Email:			
I UNDERSTAND TH	HE FEE SCHEDULE	AND AGREE TO PAY 1	ГНЕ АМОЦ	JNT APPROPRIATE.	
Parent/Guardian Sign	nature:			Date:	

## NOTICE OF NON-DISCRJMINATION 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 based on race, color, nation,

and ethnic origin in adm	ninistration of its education	onal policies, admis	sion policies, or any o	other school-administe	red programs.