



8413 Avenue K Brooklyn NY 11236 718-251-5000 www.LearningCenter.cc

2012-2013 Enrollment Form

Date: ____ / ____ / ____

CHILD INFORMATION

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Date of Birth: _____ Gender: Male Female

Lives With (circle one): Both parents Mother Father Other: _____

Does your child have any allergies? _____ If yes, to what? _____

Is this your child's first time at school/daycare? _____

EMERGENCY CONTACT

Please list one person, aside from the child's parent(s)/guardian(s), who we can contact in case there is an emergency.

First Name: _____ Last Name: _____

Relationship to Child: _____

Home #: _____ Cell #: _____

Work #: _____ Other #: _____



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Financial Responsibility A minimum of one month commitment is necessary. These payments are not subject to reduction, adjustment, or refund due to illness, absence, or withdrawal of the student from the Learning Center unless the withdrawal is made at the request of the Learning Center. The Learning Center reserves the right to request withdrawal of a student and in such a case will refund tuition on a prorated basis.

Tuition Payment Policy

Tuition must be paid in full 7 days in advance of the month child will be attending.

Late Pickup Fee

There is a \$1.00 per minute surcharge for pickup of any child after 6:00 PM.

TUITION RATES, Schedules, meals

\$800 per month

Center hours Monday thru Friday

7:30 AM to 6:00 PM

Parents must pack a nutritious breakfast and lunch. We will provide water, 1% milk and 100% fruit juice at mealtimes. We will provide a nutritious snack at 5:00 PM. We will not be providing dinner. Water will be available throughout the day.

PARENT/GUARDIAN INFORMATION

Relationship to Child: _____

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____

*Little Einsteins Learning Center welcomes students of any race, color, religion, national or ethnic origin.



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E-mail Address: _____

Relationship Status: Married Single Separated Divorced

Home #: _____ Cell #: _____

Work # _____ Other #: _____

Occupation: _____

Employer: _____

Address: _____

What is your preferred mode of communication? E-mail Phone Standard mail

I hereby certify that all the information provided is accurate. Should any information change, I agree to update the Learning Center accordingly

OTHER PARENT/GUARDIAN INFORMATION

Relationship to Child: _____

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____

E-mail Address: _____

Relationship Status: Married Single Separated Divorced

Home #: _____ Cell #: _____

Work # _____ Other #: _____

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Occupation: _____

Employer: _____

Address: _____

What is your preferred mode of communication? E-mail Phone Standard mail

I hereby certify that all the information provided is accurate. Should any information change, I agree to update the Learning Center accordingly. This enrollment will be completed upon payment of tuition 7 days in advance of month child will be attending.

Signature: _____ **Date:** _____