



Early Learning Center
Columbia City United Methodist Church

Please check one:

___ Before/After School Care \$113/week

___ Spring/Christmas Break Care 6+ \$150/week currently enrolled students
\$200/week drop-in students

___ Summer Care for 6+ \$150/week currently enrolled students
\$200/week drop-in students

___ School Day Closure \$30/day currently enrolled students
\$50/day drop-in students

___ Registration fee (\$50.00 per child)

SCHOOL AGE REGISTRATION FORM

PERSONAL INFORMATION

First Child's Name: _____ M / F (circle)

Name to be used at ELC _____ Birthdate _____

Second Child's Name: _____ M / F (circle)

Name to be used at ELC _____ Birthdate _____

Address _____ City _____

Zip Code _____ Special Needs of Child (medications, treatments, allergies, food intolerance, conditions, behaviors, etc.) _____ No _____ Yes (If yes, please explain)

Parent/ Legal Guardian #1: _____ Relationship _____

Home Address: _____ Phone # _____

Email Address: _____

Place of Employment _____ Address: _____

Work Phone #: _____ Cell Phone #: _____

Parent/Legal Guardian #2: _____ Relationship _____

Home Address: _____ Phone # _____

Place of Employment: _____ Address: _____

Work Phone #: _____ Cell Phone #: _____

Email Address: _____

People in the home: Father _____ Mother _____ Other people in the home are:

Name _____ Age _____ Relationship to Child _____

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elc@columbiacityumc.org

INFORMATION ABOUT SERVICES

Days/Hours when care is needed _____

EVERYDAY INFORMATION

Things that comfort your child _____

Are you aware of fears or anxieties your child has? _____

Does your child have a pet? _____ Type and Name _____

What play materials or equipment hold your child's attention the longest?

Is there any emotional trauma or unsettling incident in your child's life that may affect their behavior?

Is there any further information concerning your child and his/her environment that would help us better understand your child? _____

How do you handle discipline?

A NON-REFUNDABLE REGISTRATION FEE IS REQUIRED WHEN SUBMITTING THIS FORM

Legal Guardian's Signature: _____ Date _____