

# Aurora Children's Early Learning Center Registration

Child's Name

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Home Address

\_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Phone

Numbers(\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_

Father's

Name \_\_\_\_\_

Home

Address \_\_\_\_\_ Phone(\_\_\_\_) \_\_\_\_\_

Employer \_\_\_\_\_

Phone(\_\_\_\_) \_\_\_\_\_

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Mother's Name

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Home

Address \_\_\_\_\_ Phone(\_\_\_\_) \_\_\_\_\_

Employer \_\_\_\_\_

Phone(\_\_\_\_) \_\_\_\_\_

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Persons (other than parent) to call in case of an emergency

Name \_\_\_\_\_ Phone(\_\_\_\_) \_\_\_\_\_

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Relationship to

Child \_\_\_\_\_

Child's Physician (Name, Address, Phone)

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Other Children in the Family (Name, Age and  
Birthday) \_\_\_\_\_

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# Aurora Children's Early Learning Center Registration

Parents Living  
Together\_\_\_\_\_

Hobbies in  
Home\_\_\_\_\_

Child's interest and  
abilities\_\_\_\_\_

Child's Fears and General  
Disposition\_\_\_\_\_

Child will attend (Day and Time)\_\_\_\_\_Extended School  
Program\_\_\_\_\_

Full Time\_\_\_\_\_Full Day\_\_\_\_\_Part Day\_\_\_\_\_Pre-K\_\_\_\_\_Drop-  
In\_\_\_\_\_

I understand and agree to the policies on tuition and the procedures of the Aurora Children's Early Learning  
Center

Mother\_\_\_\_\_Father  
\_\_\_\_\_Guardian\_\_\_\_\_

Date\_\_\_\_\_

# Aurora Children's Early Learning Center

## Registration Agreement

I do here by enroll my child\_\_\_\_\_ in  
the Aurora Children's Early Learning Center.

Type of Program:	Days:	Time:
Full Time_____	Mon._____	_____
Full Day_____	Tues._____	_____
Part Day_____	Wed._____	_____
Pre-K_____	Thurs._____	_____
Extend School Program	Fri._____	_____
School Age	Before_____	After_____

I have read the information concerning the procedures and policy of the Aurora Children's Early Learning Center.

I understand the center cannot adjust fees for illness or vacation days outs. Tuition fees are based on the child's enrollment NOT attendance.

I understand the tuition fee is due on Monday or Friday in advance of the week there will be a \$5.00 late charge.

**Withdrawal** notice of my child must be given to the center in writing two weeks in advance, otherwise the two week tuition will be charged.

**Delinquent** Tuition debts of \$100.00 will automatically disqualify my child from attending the center.

**Vacation** half tuition is due for up to two weeks in one year.

SIGNATURE\_\_\_\_\_

DATE\_\_\_\_\_