



1307 Lebanon Road Nashville, TN 37210 615-843-5830

Child Enrollment Application

Desired Start Date: _____
How/From whom did you hear about us? _____

Full Name of Child: _____
What does the child like to be called? _____ Child's Birth date: _____
Child's place of birth: (city & state): _____

Which type of care are you applying for your child: (please circle one)

Full Time Care – Monday thru Friday

Part-Time – (2 choices) Monday, Wednesday & Friday or
Tuesday & Thursday

*please note that part-time care is not available for infants

Parent Information:

Mother's Name: _____ Father's Name: _____

Address: _____ Address: _____

City: _____ Zip: _____ City: _____ Zip: _____

Phone #: _____ Phone #: _____

Cell#: _____ Cell#: _____

Where Employed or School? _____ Where Employed or School? _____

Hours Worked? _____ Hours Worked? _____

Work #: _____ Work #: _____

Ext./Dept. _____ Ext./Dept. _____

E-mail _____ E-mail _____

Emergency Contact Information

(Name of person, other than parent, authorized to make decisions for your child's care in an emergency situation in the event that we are unable to reach you).

Name: _____ Relation: _____ Phone: _____

Address: _____ City: _____ Zip: _____

Cell Number: _____ Where Employed: _____

Work Hours: _____ Work Phone: _____ Ext./Dept. _____

Release of Child

To ensure the security of your child, please list all adults to whom your child may be released or who are authorized to provide transportation for your child. List phone number and relation to child by each name.

Please note: No child(ren) will be released to anyone whose behavior may appear to place the child(ren) at immediate risk of harm. Staff can refuse to release a child if the adult's behavior may appear probable to place the child in immediate risk of harm (examples: presence of alcohol, drugs etc.). This is a rule that is required by the Department of Human Services. Another adult listed on the emergency card will be contacted to pick up the child if deemed necessary.

Name: _____ Relation: _____ Phone: _____

Name: _____ Relation: _____ Phone: _____

Name: _____ Relation: _____ Phone: _____

Name: _____ Relation: _____ Phone: _____

Name: _____ Relation: _____ Phone: _____

Name: _____ Relation: _____ Phone: _____

****Note: We MUST have a picture of each person listed on file, in order to release your child.***

Physician:

Name _____ Office Phone _____

Address: _____ City: _____ State: _____ Zip: _____

Other Family Members Living in the Home:

Adults:

1. Name: _____ 2. Name: _____

Relation: _____ Relation: _____

3. Name: _____ 4. Name: _____

Relation: _____ Relation: _____

Children:

1. Name: _____ Relation: _____

Birth Date: _____ School: _____

2. Name: _____ Relation: _____

Birth Date: _____ School: _____

3. Name: _____ Relation: _____

Birth Date: _____ School: _____

4. Name: _____ Relation: _____

Birth Date: _____ School: _____

Do you attend church anywhere? _____ If yes, where? _____

Would you like information about Victory Fellowship Church? _____

PARENTS PLEASE READ AND SIGN:

I have received a copy of the Department of Human Services summary of Licensing Requirements.

I do hereby authorize emergency medical care for my child, _____, while attending Victory Learning Center.

I understand that accident insurance is NOT provided. I have had a pre-enrollment tour of this center on: _____

I give my permission to transport my child to and from Victory Learning Center for the persons I've authorized (on page 1 of this form).

Once your child is accepted for enrollment, a deposit of \$ 250 is required to hold the child's classroom placement until he/she begins attending V.L.C. The full deposit amount will be refunded at the time of disenrollment as long as an official 2 weeks notice is received and your tuition balance is up to date.

I also understand that if I decide not to attend VLC, all deposits are forfeited.

Date

Signature



Tuition and Fees

Tuition

<i>Full Time</i>	<u>Weekly</u>	<u>Twice a Month</u>	<u>Monthly</u>
Ages six weeks to 24 months.....	\$199.00.....	\$431.16.....	\$862.33
2 years old	\$174.92.....	\$378.99.....	\$758.33
3 years old	\$174.92.....	\$378.99.....	\$758.33
4 years old	\$160.00.....	\$346.60.....	\$693.33
5 years old	\$160.00.....	\$346.60.....	\$693.33

Enrollment Deposit

\$250.00 one time fee

Once your child is accepted for enrollment, a deposit of \$250 is required to hold the child's classroom placement until he/she begins attending VLC. This deposit will be refunded at the time of disenrollment, if an official 2 weeks notice has been given in writing.

Fees

Application Fee.....	\$40.00 per child
.....	\$65.00 per family
Enrollment Deposit.....	\$250.00 per child
Supply Fee for two year olds	\$60.00 annual
for 3,4 & 5 year olds.....	\$80.00 annual
Late Payment Fee	\$5.00 per day (see below)
Returned Check Fee	\$35.00
Late Pick-up Fee	\$1.00 per minute

Payments

VLC offers two ways to pay your child's monthly tuition. Each family should pick one payment plan option. No tuition reduction or refunds will be given for missed days. This includes days missed due to illness or inclement weather.

1. Monthly – The monthly amount is paid on the 1st of every month. If the balance is not paid by the 5th, the child will not be allowed to attend VLC until it is up-to-date.
2. Twice a Month – Half of the tuition is paid on the 1st and the other half on the 15th of every month. The child will not be allowed to attend if the balance is not paid by the 5th or the 20th.

Late Fee – \$5.00 per day will be added to the payment for every day it is late. Once the payment is five days late, the child will not be able to attend until the existing balance is paid in full. After seven days of delinquency, the child's enrollment will no longer be guaranteed.

Multiple Child Discount

If you enroll more than one child in Victory Learning Center, you will receive 10% off the tuition amount for the *oldest* child.