



EARLY LEARNING CENTER
2020-2021 Registration Form

2801 W 18th Ave., Eugene, OR 97402 (541)683-3713

CHILD'S FIRST AND LAST NAME: _____ PREFERRED FIRST NAME: _____

CHILD'S BIRTHDAY: ____/____/____ SEX: () MALE () FEMALE

PHYSICAL ADDRESS: _____ PRIMARY PHONE NUMBER: (____) _____

MAILING ADDRESS (if different than above): _____

PRIMARY EMAIL ADDRESS: _____

SECONDARY EMAIL ADDRESS (if parents want info sent to more than one email address) _____

CUSTODIAL PARENT/GUARDIAN INFORMATION

FATHER'S FIRST/LAST NAME _____ OCCUPATION _____

PHONE: Cell: (____) _____ Home: (____) _____ Work: (____) _____

WORK NAME AND ADDRESS _____

WORK HOURS: _____

MOTHER'S FIRST/LAST NAME _____ OCCUPATION _____

PHONE: Cell: (____) _____ Home: (____) _____ Work: (____) _____

WORK NAME AND ADDRESS _____

WORK HOURS: _____

NON-CUSTODIAL PARENT INFORMATION

FIRST/LAST NAME _____ RELATIONSHIP TO CHILD _____ PHONE: _____

NON-CUSTODIAL people authorized to pick up my child from the Center: (ID required to release child)

FIRST/LAST NAME _____ RELATIONSHIP TO CHILD _____ PHONE: (____) _____

FIRST/LAST NAME _____ RELATIONSHIP TO CHILD _____ PHONE: (____) _____

FIRST/LAST NAME _____ RELATIONSHIP TO CHILD _____ PHONE: (____) _____

Please check the class you would like your child to attend

- (2) Half Day Class 8:30am - 12:00pm \$260 per month
- (3) Half Day Class 8:30am - 12:00pm \$340 per month
- (5) Half Day Class 8:30am - 12:00pm \$500 per month
- (5) Full Day Class 8:30am - 5:30pm \$1060 per month

Home Church (if any): _____ City: _____

How did you hear about Living Hope ELC? _____

HOME ENVIRONMENT

Status of Parents: () Married () Divorced () Separated () Widowed () Not Married

Child lives with: () Mother & Father () Mother only () Father only

() Mother & Stepfather () Father & Stepmother () Legal Guardian

() Grandparents () Other – please specify - _____

Parent/Guardian Signature: _____ Date: _____