



The Learning Zone @ Southland offers several options for daycare and/or a quality preschool. Daycare hours are offered from 6 a.m.-6p.m. The Preschool only option (ages 3 and up) hours are 10 a.m.-2 p.m. Please call us at (317)883-8977 to schedule a tour of our facility and to get complete pricing plan information. A \$100 non-refundable registration fee is required

All tuition payments are non-refundable. The non-refundable registration fee is due upon enrollment. Tuition is due the 1st Thursday of each month. Exceptions may be made under extreme circumstances at the discretion of the Director. **Tax Disclaimer:** The Learning Zone @ Southland Preschool is not a qualifying dependent care program as defined by the U.S. Tax Code. As such, tuition payments for Preschool (10 a.m.-2 p.m.) do not qualify as dependent care credits. Also, tuition payments do not qualify as charitable deductions as a service is being provided for a fee. However, our DAYCARE PROGRAM does qualify as dependent care as defined by the U.S. Tax Code, and these payments do qualify as dependent care credit. The Church's federal tax ID will only be provided to parents using our Daycare options for tax purposes.

Child's Name (starting Pre-K in Aug 2017)	Birthdate (8/2/12-8/1/13)	Pre-K 3 day Preschool Only (10-2) (Tues,Wed,Thurs)	Pre-K + Daycare (Circle Desired Daycare Days)
			Monday, Tuesday, Wednesday, Thursday, Friday
			Monday, Tuesday, Wednesday, Thursday, Friday
Allergies or helpful information:			

Child's Name (3 yrs by 8/1/17)	Birthdate (8/2/13-8/1/14)	Preschool only (10-2) (Tues., Wed., Thurs.)	Preschool + Daycare (Circle Desired Daycare Days)
			Monday, Tuesday, Wednesday, Thursday, Friday
			Monday, Tuesday, Wednesday, Thursday, Friday
Allergies or helpful information:			

Child's Name (Under age 3 Daycare only) Full Time Only	Birthdate (After 8/2/14)	DAYCARE (Including 10-2 Curriculum for Tots & Older) Office Use Only	Allergies or helpful information
		Babies Tots Explorers Adventurers	
		Babies Tots Explorers Adventurers	

Start Date:	Monthly Fee:	Flex Fee:	Registration Fee:
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Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

This agreement remains in effect for the applicable session or until revised by parent or Director of The Learning Zone

### The Learning Zone @ Southland Contact Information

Mother's Name \_\_\_\_\_ Phone \_\_\_\_\_

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

Email \_\_\_\_\_ Employer \_\_\_\_\_ Phone \_\_\_\_\_

Father's Name \_\_\_\_\_ Phone \_\_\_\_\_

Employer \_\_\_\_\_ Phone \_\_\_\_\_

Address (if different) \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_ Insurance Carrier \_\_\_\_\_ Policy \_\_\_\_\_

### Billing Information (if different from above) (Person Responsible for Payment)

Name \_\_\_\_\_ Phone \_\_\_\_\_

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

### Emergency Release & Transportation

Child(ren) Doctor \_\_\_\_\_ Phone \_\_\_\_\_

I authorize The Learning Zone @ Southland to act on behalf of my child(ren) in the case of a medical emergency. My hospital preference is: \_\_\_\_\_  
\_\_\_\_\_ For my transportation plan, and to insure the safety of my child(ren), the following people are authorized to pick up my  
child(ren) and transport them on my behalf. I will notify the TLZ Ministry Director each time this will happen. I also understand (as stated in our policies) that  
each authorized person may be required to show ID upon request. The following are authorized to pick up my child(ren) from The Learning Zone:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

We take the safety of our children very seriously. All parents are to sign in their child(ren) each day. In case of an emergency, you will be notified at the phone number we have on file. The above-named people will be listed on the Authorized Pick Up List and they are the only ones who will be allowed to pick up your child. Please notify us immediately if this list changes.

I/We hereby give permission for my child/ren to participate in all TLZ activities. I agree to release and hold harmless The Learning Zone @ Southland, Southland Community Church, its directors, staff and volunteers from any and all claims of damages, demands or liabilities which may arise as a result of my child(ren's) participation in any and all activities.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_



**2017-18 School Year  
Registration Form**

**We provide a loving, Christ-centered educational  
environment for your child!**

**Extended hours (6 a.m. - 6 p.m.)**

**Academic curriculum, music, art, and Bible**

**For registration/information**

**Call (317)883-8977**

**[www.facebook.com/thelearningzone.scc](http://www.facebook.com/thelearningzone.scc)**