

LIVING WORD EARLY LEARNING CENTER OUR PASSION. THEIR FUTURE

2711 Amherst Avenue Manhattan, KS 66502

Phone: 785.776.2162

E-mail: livingwordchurchelc@gmail.com

Website: livingword-church.org

Application for Enrollment

Instructions:

- Once complete, drop-off, mail, or scan and email application to the center.
- Payments accepted via cash or check made payable to Living Word Early Learning Center.
- Note: Enrollment is open year round depending on current openings. We accept children ages 2.5-6 who are fully toilet trained.

Child Information

Last Name	First Name	Male Female	
Address	Birthday	Age of Child	
 Parent/Guardian Info	ormation		
1. Last Name	First Name	Email	
Address	Cell Phone	Work Phone	
2. Last Name	First Name	Email	
Address	Cell Phone	Work Phone	
Local Emergency Co	ontact Information		
1. Last Name	First Name Address		
		Phone Number	
2. Last Name	First Name	Address	
		Phone Number	



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Please indicate your choice of program (Full Time or Part Time) and payment options below.

Tuition is due on the 1st and 16th of each month.

Full Time Options

Status	Days	Hours	Monthly Rate	Bi-Monthly Rate	✓
Full Time	Monday-Friday	7:00am-5:30pm	\$740	\$370	
Full Time/Part Week	Monday/Wednesday/Friday	7:00am-5:30pm	\$540	\$270	
Full Time/Part Week	Tuesday/Thursday	7:00am-5:30pm	\$350	\$175	

Half Day Option: Morning Session

Status	Days	Hours	Monthly Rate	Bi-Monthly Rate	\
Morning Session	Monday-Friday	8:00am-12:00pm	\$425	\$212.50	

Half Day Option: Afternoon Session

Status	Days	Hours	Monthly Rate	Bi-Monthly Rate	✓
Afternoon Session	Monday-Friday	12:30pm-4:30pm	\$425	\$212.50	



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Provider's Name

Website: livingword-church.org	
Estimated Start Date	
Approximate Drop-Off Time	
Approximate Pick-Up Time	
Requirements Upon Enrollment:	
1. \$30.00 non-refundable application fee per fa	amily
	o start date. This amount will be credited towards your first and deposit are processed, your child's spot will be held until
Note: Deposits are not required in order to be put on our we	aiting list. A deposit will be requested once a spot becomes available.
Cash or Checks made payable to Living Word	Early Learning Center
3. Completed Registration Packet will need to start date.	be turned in at least three days prior to your child's approved
I/We choose to pay:MonthlyBi-	-Monthly
Financial Agreement between	en LWELC and Parents of LWELC Children:
I, the parent/legal guardian of	(child's name) agree to the following terms of enrollment
I agree to read the LWELC Parent Handbook (a icies.	a hard copy will be provided upon request) and follow the center's pol
I agree to pay the enrollment fee at the time of s	submitting the enrollment form.
I agree to pay 2 weeks tuition to secure my child first month tuition.	I's spot at LWELC .This money will be applied towards your child's
	rior to the termination of my child's enrollment in LWELC. If no non made with LWELC, you will be billed the final 2 weeks tuition.
I give permission to LWELC staff to call my list	ted Emergency Contacts if they are not able to reach me.
Parent's Name Parent's Signate	ure/Date

Provider's Signature/Date