

# Sunbuddies!



## **APPLICATION FOR ADMISSION 2024**

### **THE EARLY LEARNING CENTER OF WOODLAND CHURCH**

5824 Berkley Drive, New Orleans, LA 70131 (504) 394-8781

[ELC@wcnola.org](mailto:ELC@wcnola.org), [www.wcnola.org](http://www.wcnola.org)

Join us for our “Sunbuddies” summer program. “Sunbuddies” will run for 4 weeks from 9am – 2pm, Monday, July 1, 2024 – Wednesday, July 24, 2024, on Mondays, Tuesdays, and Wednesdays.

**The total cost for the program is \$475.**

**\$50 Registration Fee**

**\$75 Supply Fee**

**\$350 Tuition**

**Registration Fee plus ½ of Tuition is due upon registering. Supply Fee plus remaining Tuition will be due by July 1st, 2024.**

**The total cost of the program in the amount of \$475 should be paid by July 1, 2024.**

**\*\*Please circle the class of your choice. The class should reflect your child’s placement at the beginning of the 2023-2024 school year. \*\***

**1 year olds   2 year olds   3 year olds   4 year olds   Kindergarten**

I hereby apply for the admission of my child to the **Early Learning Center of Woodland Church** for the “Sunbuddies” summer program and submit the following information for your consideration:

Child’s full name: \_\_\_\_\_

Name by which child is called: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email addresses: \_\_\_\_\_

Father’s name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Work phone: \_\_\_\_\_

Mother’s name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Work phone: \_\_\_\_\_

Parents: \_\_\_Married \_\_\_Divorced \_\_\_Widowed \_\_\_Other

Who is the primary custodian? \_\_\_\_\_

Previous Preschool or Mother's Day Out attendance, if any \_\_\_\_\_

Is your child potty trained? \_\_\_\_ (As a reminder, children in the 3, 4, and kindergarten classes must be completely toilet trained)

Physical/Developmental issues? \_\_\_\_\_

General Health \_\_\_\_\_ Allergies \_\_\_\_\_

To which church are you a member if applicable? \_\_\_\_\_

**EMERGENCY CONTACTS (other than parents/guardians):**

1. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

2. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Relationship to child:** \_\_\_\_\_

**Date:** \_\_\_\_\_

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**Office Use Only:**

\*Registration (\$50)                      Check no. \_\_\_\_\_ Date: \_\_\_\_\_ Amount: \_\_\_\_\_

\*1/2 tuition (\$175)                      Check no. \_\_\_\_\_ Date: \_\_\_\_\_ Amount: \_\_\_\_\_

\*Supply fee (\$75)                      Check no. \_\_\_\_\_ Date: \_\_\_\_\_ Amount: \_\_\_\_\_

\*1/2 tuition (\$175)                      Check no. \_\_\_\_\_ Date: \_\_\_\_\_ Amount: \_\_\_\_\_

**Total Cost: \$475**