

Alphabet Soup Learning Center
15025 Old Jefferson Hwy.
Baton Rouge, La 70817

Master Card

Child's Name _____ Sex _____ Date of Birth _____
Nickname _____

Mother's Name _____ Father's Name _____
Address _____ Address _____

Mother's Place of Employment _____ Father's Place of Employment _____

Mother's Home Number _____ Father's Home Number _____

Mother's Work Number _____ Father's Work Number _____

Mother's Cell Number _____ Father's Cell Number _____

Mother's email address _____ Father's email address _____

Person's with whom child lives _____

Child's Doctor _____ Phone Number _____

Insurance _____ Preferred Hospital _____

Dentist Name & Number _____ Dental Ins # _____

In case of emergency, **parents will be called first**. If parents can not be reached,
person to call _____

Relationship to child _____ Emergency number _____

Has your child had any difficulty with Hearing: No Yes Vision: No Yes
If yes, describe _____

Does your child have any difficulties or disabilities, which needs our special help or
attention? No Yes If yes, describe _____

Past Illnesses _____ Potty Training: Yes No

Favorite Foods _____

Any problems playing with other children: Yes No

Alphabet Soup Learning Center
15025 Old Jefferson Hwy.
Baton Rouge, La 70817

I hereby authorize ASLC:

1. To care for my child during the time he/she is in the facility.
2. To secure emergency medical care for my child in case of inability of the center to reach me. To administer medication upon an emergency.
3. To feed my infant a bottle (if child is taking a bottle for food) while in the facility.
4. If my child goes to sleep with the bottle please inform us to do so here:
YES _____ NO _____. This will give us permission to do so if you choose.

Number of days planned per week to attend _____.

I agree to pay the amount of \$_____ per week. IN ADVANCE

Tuition: <u>Infant's</u>	\$140
<u>One's</u>	\$130
<u>Two's</u>	\$125
<u>Three's</u>	\$120
<u>Four's and Fives</u>	\$115

I understand a late fee of \$10.00 must be included in my weekly fees if tuition is not paid by 6:00 pm Tuesday of the current week; or by the 5th day of each month when paying monthly. In the event an account is delinquent and collection proceedings are instituted to satisfy the outstanding indebtedness, reasonable attorney, and /or collection fees, and interest will be added to the total due.

Mother's Signature

Date

Father's Signature

Date

AUTHORIZATION FOR RELEASE OF CHILD/REN:

I hereby authorize the following people to pick up my child:

Any deviations from this list will require prior knowledge from the parents/guardian in writing **ONLY**. ID must be presented when deviating from this list. **No exceptions will be allowed.** The person picking up the child will fill the proper sign out log that day.

NOTE*I CANNOT ALLOW ANY PERSON TO BE ADDED OR REMOVED FROM THIS LIST WITHOUT CONSENT FROM BOTH PARENTS LISTED. I MUST HAVE BOTH PARENTS SIGNATURE ON THIS FORM TO BE VALID. THANK YOU FOR YOUR COOPERATION.**