



TECH GENERATION LEARNING CENTER

For Parents or Legal Guardians to Complete:

After School Program Fee: **\$65 per week ***

Child's Name: _____

Child's Date of Birth: _____

Child's Home Address: _____

Child's Age: ____ Grade: ____ School: _____

PARENT INFORMATION:

Mother's Name: _____

Mother's Workplace: _____

Mother's Work Address: _____

Mother's Work Phone Number: _____

Mother's Email Address (Please print clearly): _____

Does Father live in the home with child? Yes or No (circle one)

Father's Email Address (Please print clearly): _____

Father's Name: _____

Father's Workplace: _____

Father's Work Hours: _____

* Monday- Friday (\$65 for 5 days)

* We accept childcare certificates
(A monthly co-pay of \$40.00 per child applies to certificate children.)

3-Day Minimum @ \$15/per day

For your convenience, we accept ELECTRONIC PAYMENTS.

Child's Home Phone Number: _____

Mother's Work Hours: _____

Mother's Monthly Income: _____

Mother's Cell Number: _____

WE WILL CONTACT PARENTS VIA EMAIL, PHONE & TEXT

Mother's Pay Period

(weekly, bi-weekly, monthly)

Father's Pay Period

(weekly, bi-weekly, monthly)

Who pays for childcare?

____ Mother, ____ Father or
____ Both (check one)

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PH: (662) 889-7003 ~ Email: techgenerationlc@gmail.com ~ Web: www.techgenerationLC.com

TGLC is licensed by the MS Department of Health and abides by MSDH rules and regulations regarding quality childcare and healthy meals and snacks.



Father's Work Address: _____

Father's Cell Number: _____

Father's Work Phone Number: _____

ATTENDANCE AND MEALS PROGRAM:

Daily Attendance: Students are expected to attend daily (**Monday – Friday**) to maintain their enrollment status. However, we realize that from time to time a child will need to absent for personal or medical reasons.

Daily Meals Provided: Breakfast, Snack & Lunch (**for the Full-Day/Summer Program**)

Daily Meals Provided: Snack & Supper (**Half-Day/After School Program**) *Lunch Application required for meals.*

Does your child have Special Needs, Medical Issues and/or Allergies (Explain): _____

LIST 3 PEOPLE WHO CAN BE CONTACTED IN CASE OF EMERGENCY AND HAVE PERMISSION TO DROP OFF AND/OR PICK UP YOUR CHILD FROM THE CENTER?

(1). Name: _____ Address: _____ Phone Number: _____ Alternate Number: _____	(2). Name: _____ Address: _____ Phone Number: _____ Alternate Number: _____	(3). Name: _____ Address: _____ Phone Number: _____ Alternate Number: _____
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Parent's Signature: _____ **Date:** _____

Director/Assistant Director's Signature: _____ **Date:** _____

For Staff to Complete – **Enrollment Date:** _____ **Withdrawal Date:** _____ **Reason for Withdrawal:** _____

Yes, I have received a copy of the *Mississippi Childcare Regulations*. Yes, I give permission for the Center to photograph my child(ren) for public relations purposes in print and electronic form as long as my child is identified by his or her first name only in pictures and posts.

Parent Signature: _____ **Date:** _____

Parents, please complete the attached required forms to complete your child's enrollment. Thank you.