



Procedures for Enrolling at The Learning Center of Southwest Iowa

The following procedures outline the process to enroll your child at The Learning Center of Southwest Iowa.

1. Download and complete the TLC Enrollment Forms.
2. The completed enrollment forms can be mailed, delivered or faxed to the address below for review.

The Learning Center of Southwest Iowa
1715 W. Prairie Street, Suite A
Creston, IA 50801

Fax: 641-782-3580

Email: TheLearningCenter2014@gmail.com

3. Financial Assistance is available: www.tlciowa.com/forms
4. Please call The Learning Center to set up an assessment date and time. The assessment usually takes about 60-90 minutes.
5. If you have any questions, please feel free to contact us.

From time to time TLC has available funding through the TLC *Make It Happen* Scholarship Fund. This scholarship is based on need to help make it happen when it might not have been possible without the funds. The TLC *Make It Happen* Scholarship is only available when funding is. Please ask for an application.



CONFIDENTIAL ENROLLMENT FORMS
One set of forms per child

Today's Date: _____

STUDENT INFORMATION

Child's Name _____ Male / Female
 Child's Preferred Name _____ Date of Birth _____ Age _____
 Address _____
 City _____ State _____ Zip Code _____
 Phone _____
 School _____ Grade in School _____

FAMILY INFORMATION

Father's Name _____ Cell Phone _____
 Address _____
 City _____ State _____ Zip Code _____
 Email address _____
 Employer/Occupation _____ Work Phone _____
 Best way to contact: ___ Home Phone ___ Cell Phone ___ Email ___ Best Time to contact you: _____

Mother's Name _____ Cell Phone _____
 Address _____
 City _____ State _____ Zip Code _____
 Email address _____
 Employer/Occupation _____ Work Phone _____
 Best way to contact: ___ Home Phone ___ Cell Phone ___ Email ___ Best Time to contact you: _____
 Child lives with: ___ Both Parents ___ Father ___ Mother ___ Other, please name _____

PICK-UP INFORMATION

At The Learning Center of Southwest Iowa it is encouraged that the child is signed in and out each day. We do understand that it is not always possible for you as a parent to always be able to pick up your child. If someone else might pick up your child please list them below, otherwise we cannot release your child.

Name	Relationship	Day Phone	Alt. Phone

Name	Relationship	Day Phone	Alt. Phone

Name	Relationship	Day Phone	Alt. Phone

**If there is anyone who should not be picking up your child or removing him/her from the program please use this following space to indicate these situations and what action should be taken by our staff should this arise. _____



ABOUT YOUR CHILD

We believe your child is a unique individual. He/she has special abilities, interests, likes. Dislikes and needs. Please help us get to know your child.

Is your child used to playing: with many other children with a few close friends/siblings alone

What are your child's hobbies, special interests, favorite sports, special abilities, etc? _____

Is there any special information about your child's habits, moods, traits, or experience that would be helpful to us? _____

What motivates your child to behave positively? What behavior management techniques would you recommend for your child? _____

How easily does your child make friends? (circle) Very Easily 5 4 3 2 1 With Difficulty
How easily does your child relate to adults? (circle) Very Easily 5 4 3 2 1 With Difficulty

MEDICAL INFORMATION

Child's Doctor _____

Child's Dentist _____

Please list allergies: _____

Please list any medical issues we should be aware of: _____

Food allergies or restrictions: _____

Will your child need to take any medication during our time together? Yes No

SPECIAL PERMISSIONS

Yes No In the event that my child is injured during any TLC activity, I authorize TLC to call a physician for medical care for my child and admit my child to a hospital, if necessary. I understand that a concentrated effort will be made to contact me or another guardian, but if it is not possible to locate us this expense will be accepted by us.

Yes No For marketing purposes, TLC has permission to photograph and video tape my child. These photos can be shared on social media, website, newspaper, within TLC, and for all other marketing purposes deemed necessary by TLC.

Yes No I have read the Parent Packet and support the policies stated in it.

Yes No In consideration of my participation in the activities at The Learning Center of Southwest Iowa, I do hereby agree to hold free and all liability to TLC and its respective officers, and employees. I do hereby for myself, my heirs, executors and administrators, waive, release and forever discharge and all rights and claims for damages which I may have or which may hereafter accrue to me arising out of or connected with my participation in TLC.

Parent or Guardian's Signature _____ Date _____

Printed Name _____



Availability for Teaching Sessions

Student Name _____

Date _____

School Year: Please share with us your child's availability for tutoring:

Monday (3:30-8) _____

Tuesday (3:30-8) _____

Wednesday (3:30-8) _____

Thursday (3:30-8) _____

Friday (3:30-8) _____

Saturday (8am-2pm) _____

If your child is available to be seen during the daytime hours, please let us know.

Summer Session: Please share with us your child's availability for tutoring:

Monday (8am-5p) _____

Tuesday (8am-5p) _____

Wednesday (8am-5p) _____

Thursday (8am-5p) _____

Friday (8am-5p) _____

Saturday (8am-2pm) _____

If your child is available to be seen during the daytime hours, please let us know.

Is there anything else we need to know about scheduling your child?
