

The Learning Center, Inc.

I plan on enrolling my child from (Date) _____ to (Date) _____

Child's Name: _____ **Child's Nickname:** _____

Date of Birth: _____ **Male**____ **Female**____

Mother's Name: _____

Address _____

Home Phone _____ **Alternative Phone** _____

Email _____

Employer and Title _____

Father's Name: _____

Address _____

Home Phone _____ **Alternative Phone** _____

Email _____

Employer and Title _____

Others in home: _____

Sibling(s) birth date(s): _____

Physicians Name: _____ **Date of Last Exam:** _____

Bank Name: _____ (Name Only)

Rate: \$ _____ / _____ **Discount:** _____ **Total Monthly Fee:** _____

Make checks payable to:

The Learning Center
115 NW State St., Suite B10
Pullman, WA 99163

For more information see:

www.pullmanlearningcenter.com or email director@pullmanlearningcenter.com