

3902 West 38th Street Erie, Pa 16506 Registration Fee 814-835-5178 Kara Kelly, Director: kara@rlaerie.com Michelle Shatto, Assistant Director: michelle@rlaerie.com

\$50

Application For Enrollment

Date of Application:

Child's Full Name:	Last.	First	Mic	Idle	Nicknam	е			
Date of Birth:	Sex:	F	Race:	S.S.	.#				
Address:	City		State:		Zip:				
Parent/Guardian #1		Employer/Occupation:							
Home Phone:	Cell Phone:		Work Phone:						
E-mail:	Relation to Student:								
Address: (If Different F			City:		Zip:				
Parent/Guardian #2 Name:			Employer/Occupation:						
Home Phone:	Cell Pho	ne:	V	Vork Pha	one:				
E-mail:	Re	elation to	on to Student:						
Address: (If Different F	rom Stude	nt).	City:	State:	Zip:				
Names and ages of other children in the family:									
Has your child ever be (If Yes, where?)	en to an e	arly educ	cation c	enter be	efore? Yes	5 no			
Church membership or religious preference:									
Signature of Parents/G	Guardian:		C	en Date:	0				

ReaLife Early Learning Center

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Photograph/Video Release

Here at ReaLife Early Learning Center we want to capture the memories and moments that take place everyday. From birthdays, to field trips, to holiday parties. We love to take photos and videos to share. Your child's moments can be shared or kept private on many different platforms. Please indicate below what is right for your child and you.

Classroom	ELC Website	ELC Facebo	ook N	Not At All Please					
YES	YES	YES		YES					
NO	NO	NO		NO					
Notes:									
I release ReaLife Early Learning Center to photograph and/or video record my child and									
to use the photograph and/or video only on the platforms I verified above.									
Childs Name: Early Learning									
Parent Signature: Center Date:									