

## **REGISTRATION FORM**

As a member of the LSUA community, I understand that it is a privilege for me to enroll my child/children in the LSUA Children's Center .

I have completed the Application Form, and by signing this Registration Form, I agree to abide by the following rules.

- A Registration Fee is payable only when my child is first registered at the LSUA Children's Center and as long as my child is continuously enrolled. Should I discontinue my child's enrollment, I will be expected to pay another Registration Fee upon re-application for enrollment. Special circumstances regarding continued enrollment, which excludes Summer Sessions, are outlined in the Policies & Procedures Handbook.
- A Deposit of One Week's Tuition is to be paid no later than the last day of classes of the previous semester or session, to reserve a space for my child during the following semester or session.
- Weekly tuition is paid in advance and is due no later than Friday afternoon preceding the week of enrollment. *A minimum of two week's notice must be given, in writing, if you choose to discontinue your child's enrollment and payment for that period is expected.*
- An immunization record, other pertinent medical information, and a developmental profile will be provided by me on my child's behalf.

I agree to participate in activities sponsored by the LSUA Children's Center which will enhance my role as a parent and which will, in turn, assist my child's growth and development.

over/

**LSUA Children's Center**  
*for*  
**Early Care and Education**

*Louisiana State University at Alexandria*

8100 Highway 71 South  
Alexandria, LA 71302-9121

---

**REGISTRATION FORM**

I expect my child to be treated with the utmost respect in a safe, loving, nurturing, learning environment while he/she is enrolled at the LSUA Children's Center.

I expect the LSUA Children's Center staff to provide guidance and to plan activities which will encourage my child to develop socially, emotionally, physically, and intellectually.

**I hereby register: (PLEASE PRINT & Underline Preferred Given Name)**

Child's Name: \_\_\_\_\_  
First Middle Last

I understand that the following charges, according to the Tuition Schedule, will be payable by me or the agency from which I receive aid:

Registration Fee.....\$ \_\_\_\_\_  
Date Rec'd \_\_\_\_\_

Weekly Tuition.....\$ \_\_\_\_\_

**I understand that grades will not be released and university privileges will be revoked if I do not pay all fees and tuition costs for the care of my child.**

**I understand that if I do not pay all fees and tuition costs for the care of my child, I may be turned over to a collection agency and/or credit bureau, and I will be responsible for all costs associated with this debt and its collection.**

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PARENT'S SIGNATURE