

**Leonard Learning Center  
Waiting List.**

Today, Date: \_\_\_\_\_

Leonard Learning Center is a **FULL Time Facility. We charge for 5 days a week.** Full time is anything over 4 hours and 1 minute.

Date you would like your child/children to start: \_\_\_\_\_

Child/Children Information:

Name: \_\_\_\_\_ \*

Date of Birth: \_\_\_\_\_ \*

Sex: (M/F): \_\_\_\_\_ \*

Allergies/Illnesses/Special Needs: \_\_\_\_\_

\_\_\_\_\_ \*

Name: \_\_\_\_\_ \*

Date of Birth: \_\_\_\_\_ \*

Sex: (M/F): \_\_\_\_\_ \*

Allergies/Illnesses/Special Needs: \_\_\_\_\_

\_\_\_\_\_ \*

Parent Information.

First Parent:

Name: \_\_\_\_\_ \*

Address: \_\_\_\_\_ \*

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Place of Employment: \_\_\_\_\_.

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Second Parent:

Name: \_\_\_\_\_ \*

Address: \_\_\_\_\_ \*

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Place of Employment: \_\_\_\_\_.

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Payment Information:

Please check the method of payment you would be using for childcare services.

Private Pay (Y/N) \_\_\_\_\_ \*

Tribal Pay: (Y/N) \_\_\_\_\_ \*

Which Tribe will you be using? \*

Miami Tribe Co-Pay \_\_\_\_\_

Ottawa Tribe Co-Pay \_\_\_\_\_

Wyandotte Tribe Co-Pay \_\_\_\_\_

Seneca Cayuga Co-Pay \_\_\_\_\_

Eastern Shawnee Co-Pay \_\_\_\_\_

Shawnee Tribe Co-Pay \_\_\_\_\_

Peoria Tribe Co-Pay \_\_\_\_\_

Please make sure you have completed the area with the \* beside question.

**Leonard Learning Center**

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