

Date of Application _____

**Little Learners
Pre-K
Enrollment Application**

Student/Child Information

Name: _____

Date of Birth: _____ Age: _____ Gender: _____

Parent Information

Mother's Name: _____
(Or guardian)

Home Address: _____
Street City State Zip

Home Phone: _____ Cell Phone: _____

Email Address: _____

Place of Business: _____

Work Address: _____ Work Phone: _____

Father's Name: _____
(Or guardian)

Home Address: _____
Street City State Zip

Home Phone: _____ Cell Phone: _____

Email Address: _____

Place of Business: _____

Work Address: _____ Work Phone: _____

Enrollment Schedule & Tuitions- There is a \$75 registration fee that will be added to the first month billing.

Parents will be billed monthly according to the enrollment program you select. Monthly payments are due in full by the 1st. A late fee of \$25.00 will be charged if payments are not received by the 5th of every month. If payment is not received by the 8th an additional \$5 per day will be added to the bill until it's paid in full. It is family's responsibility to make sure payment is made even if your child's regular schedule day doesn't fall on the 1st or if you plan to be out of town. Payments can be dropped off in the drop box or paid online.

Circle 1 Option:

Full-Day Tuition ~\$33.00 per day

Drop off is between 7:45-9:15

Pick-up is at 3:15

Enrollment options: Must be M-F

After school care-\$40.00 per day

Pick-up is by 5:30

Indicate Date on which you would like to initiate enrollment: _____

(Enrollment date will depend on availability)

Indicate Desired Location: _____

Parents must give two-week notice of any Schedule Changes. Parents are responsible to fill out all proper paper work before attendance is allowed. Drop-off time is no later than 9:15 am, unless other arrangements were made in advance. Parents must keep all records and forms up to date. An interview/visit with parents/guardians and child are required before the child attends Little Learners Center. This meeting can be made with the director.

Emergency Contacts

Name: _____ Phone: _____

Name: _____ Phone: _____

Parent/Guardian Signature: _____ Date: _____

Director Signature: _____ Date: _____

Child's History and Needs

Detailed background information is an invaluable tool for providing quality care for children. The more a teacher knows about a child, the better we can understand and meet his/her needs. We would love to form a partnership with you to provide consistency of care for your child. Please take time to complete this form. There is a spot at the end for any additional information.

Health History

Any previous attendance at a school/daycare? _____

Any food allergies? _____

Any illnesses or diseases? _____

Does he/she brush their teeth at home? _____

Developmental History

What are your child's favorite toys? _____

What are your child's favorite activities? _____

What language is spoken in your home? _____

Sleeping

Does he/she nap regularly? _____

If so, what time of the day? _____

What helps he/she feel comfortable during rest time? _____

Does your child have a special blanket or stuffed animal? _____