Little Learners

Christian Preschool & Childcare

OFFICE USE ONLY:
Date Rcvd
☐ Registration Fee Pd. \$
☐Immunization
☐ Recorded on Class List
□Confirm. Letter Sent

Please fill in all blanks (BOTH SIDES) and please print

Child's Full Name:	Boy:Girl:						
Child's Name to be used at school (nickname):							
	n Date: Age:						
Primary Home Address:	City/State/Zip:						
Child lives primarily with: Both pare	ents/guardians						
Anticipated Start Date: Immediately	☐ Coming Fall ☐ Other:						
Parent or Guardian's Contact Information							
Parent / Guardian	Parent / Guardian						
Name:							
Home Phone:							
Cell Phone:	Cell Phone:						
Place of Business:	Place of Business:						
Business Phone #:	Business Phone #:						
Business Address and Zip:	Business Address and zip:						
Home Email:	Home Email:						
Emergency Contacts Other Than Parent or Guardian:							
Name:	Name:						
Relationship to Child:							
Home/Cell Phone:							
Enrollmer	nt Request Information:						
	•						
Beautiful Babies – Full-Time	you are registering. Enrollment is based upon availability.						
	Time, (Part-time options possible with an enrolled older sibling)						
Wonderful One 5 - Ages 10-24 mondis, 1 un-	Time, (Fait-unic options possible with an enfolice older storing)						
☐Terrific Two's / Early Three's							
□T/Th □MWF □M-F							
□8:45-11:45 a.m. □7:30 a.m5:30 p.m.							
·							
□ Preschool (Thriving Three's) or □ Academy (Fantastic Four's and Five's)							
□T/Th □MWF □M-F							
□8:45-11:45 a.m. □8:45-2:45 p.m. □7:30 a.m5:30 p.m.							
Is your child (3 years or older) fully pot	Is your child (3 years or older) fully potty-trained? (Yes or No)						

Child's Medical and Background Information

Health problems or special con-	cerns Little Learners sl	hould know abo	ut: (if none, please	write "NONE")
			(11 11011 0 , p1011100	
-				
Has your child had peanut bu	tter or peanut-relate	<u>d foods at hom</u>	e? Any	reaction?
Helpful Family Informatio	n:			
Parent Information: Marital Statu Single Married Very Statution of the		Vidowed [Other:	
Please list your child's siblings: Name 1 2 3.		Age		Live with you?
2				
Has your child ever attended anoute of the child attends church (i.e. Sundated Any other information that might	ay School, church, club	bs), where?		
		D1 1 11	Dr.	
Who/what was your referral sour				
☐Sign in front of building☐Little Learners Website	□Billboard	□Mailing	☐Yellow Page	
Little Learners Website	□Another School:			□Online Search
What talents / skills / gifts do you (work-related, home-related, hob				
Please initial on the following lines:	Co	nsents		
In an emergency, if I, or the staff at Little Learners to emedical procedures and charges	enlist the help and exp			eached, I give permission to will be responsible for all
I understand that Little L is due each week/month, wheth illness or vacation.			<u> </u>	s' calendar, and that tuition ys my child is absent due to
I commit to reading the spelled out therein. I understand Childcare, during the sapplicable fees and tuition on	tand that as long as r school year or Sumi	ny child is enr	olled at Little Lear	
I give consent for my chi	ld to go on nature wall	ks or to a local p	oark, accompanied b	by classmates and staff.
Attached is the non-refund	dable registration fee		AWF or T/Th 3-ho	
Parent/Guardian Signature:		, === 3.2		Date: