



**Application for Enrollment**  
**School Year: 2023/2024**

Child's Full Name: \_\_\_\_\_

Sex: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age (when child begins school): \_\_\_\_\_

Home Address \_\_\_\_\_  
Street Apt  
\_\_\_\_\_  
City State Zip

Cell Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Where did you hear about Little Excellence? \_\_\_\_\_

**Contact Information:**

**Parent/ Guardian Name:** \_\_\_\_\_

**Relationship to child:** \_\_\_\_\_ Cellular# \_\_\_\_\_

Employer: \_\_\_\_\_ Work # \_\_\_\_\_

**Parent/ Guardian Name:** \_\_\_\_\_

**Relationship to child:** \_\_\_\_\_ Cellular# \_\_\_\_\_

Employer: \_\_\_\_\_ Work # \_\_\_\_\_

Does your child have any special needs? \_\_\_\_\_

Allergies? \_\_\_\_\_

List other children in the family (names and birthdays): \_\_\_\_\_

\_\_\_\_\_

**CONSENT FOR PICK-UP /EMERGENCY CONTACTS:**

**Persons to be contacted and who can assume responsibility if parent cannot be reached: (2 required)**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_ Cellular #: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_ Cellular #: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_ Cellular #: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_ Cellular #: \_\_\_\_\_

***Note: Photo ID is required for all individuals picking up a child from school.***

**If there is a person who may NOT HAVE ACCESS to child, please indicate:**

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Order of Protection exists? \_\_\_\_\_

## MEDICAL CONSENT

I, \_\_\_\_\_ (parent/guardian), hereby give my consent to any emergency medical, surgical, or dental treatment for my child \_\_\_\_\_ (child's name) deemed necessary by a doctor or physician. It is understood that the school will make a conscientious effort to locate parents prior to such treatment when possible. I further agree to bear any, and all expenses incurred as a result of such treatment.

### ***AUTHORIZED MEDICAL INFORMATION:***

Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Hospital of Choice: \_\_\_\_\_ Address: \_\_\_\_\_

Medical Insurance Carrier: \_\_\_\_\_

Policy Number: \_\_\_\_\_

## PICTURE CONSENT

We would like to have your permission to take your child's photograph throughout the school year for bulletin boards, projects, class photos, website, and class photo albums.

*Please check below:*

\_\_\_\_\_ **Yes**, I give permission to have my child photographed

\_\_\_\_\_ **No**, I do not give my permission to have my child photographed

\_\_\_\_\_  
**Parent/ Guardian's Signature**

\_\_\_\_\_  
**Date**

## REGISTRATION 2023 / 2024

### Class Schedule:

2 DAYS: Tuesday & Thursday \_\_\_\_\_

3 DAYS: Monday/Wednesday/ Friday \_\_\_\_\_

5 DAYS: Monday - Friday \_\_\_\_\_

HALF DAY PROGRAM 8:30am - 11:30am \_\_\_\_\_

FULL DAY PROGRAM 8:30am – 3:30pm \_\_\_\_\_

EXTENDED AM CARE TIME: 6:30am - 7:30am \_\_\_\_\_

7:30am - 8:30am \_\_\_\_\_

EXTENDED PM CARE TIME: 3:30pm - 4:30pm \_\_\_\_\_

4:30pm - 5:30pm \_\_\_\_\_

5:30pm - 6:30pm \_\_\_\_\_

Monthly tuition (due 1st of the month): \$ \_\_\_\_\_

Registration Fee: \$ 100

Security deposit: (25% of monthly tuition) \$ \_\_\_\_\_

Total due with application: \$ \_\_\_\_\_

# **PARENT CONTRACT**

- We understand that our child is not officially enrolled until Registration fee, Security deposit, and one month's tuition is paid in full. **There are no refunds after application is processed.**
- **Security deposit (Usually about half of current monthly tuition)** will go towards the last 2 weeks of my child's enrollment month. Security deposit amount will be adjusted if my child's schedule changes throughout the year.
- **Security deposits** are only refundable if Little Excellence is notified by a written notice **three months before withdrawal date requested.**
- I understand that I will continue to be billed if I decided to leave Little Excellence without a written notice, and I'm responsible to pay any outstanding balances.
- **Tuition is due every 1<sup>st</sup> of the month.** If tuition is not paid by the 5th of the month there will be a **late fee of \$50.** My child will not be able to attend school until tuition and late fee is paid in full. Little Excellence has the right to disenroll my child from school if payment is not made.
- Bounced Check fees are **\$50.00.** If checks bounce more than twice a year you will only be able to pay tuition by cash or money order
- I understand that there are no make-up days for non-attendance days. (Ex: Vacation, feeling ill, school events, holidays, snow closures, etc.)

**By signing below, you acknowledge receipt of the Parent Contract, and agree to the terms outlined in this contract**

Parent/ Guardian's Signature \_\_\_\_\_

Date: \_\_\_\_\_

Director's Signature \_\_\_\_\_

Date: \_\_\_\_\_