



# Little Loves Learning Center Enrollment Application 2025-2026

Please complete and submit BOTH sides of this application. A **NON-REFUNDABLE** registration fee is required to secure your spot. \*All children are admitted with the understanding there is a 30 day trial period.\*

Submit your application **before** 5/22/25 registration fee is **\$60.00**

Submit your application **after** 5/22/25 registration fee is **\$70.00**

## Student Information

First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_ Gender: M \_\_\_ F \_\_\_  
Nickname or Preferred Name: \_\_\_\_\_ Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_-\_\_\_\_  
Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Age as of 9/30/2025: \_\_\_\_\_

Enrolling in: (check one)

- ☐ Preschool (3 yr. old) **AM** T/TH 8:30 am-11:30 am **{\$165.00 a month.}**
- ☐ Preschool (3 yr. old) **PM** T/TH 12:15 pm-3:15 pm **{\$165.00 a month.}** *(only if morning is full)*
- ☐ Pre-K (Kindergarten Readiness)(4 & 5 yr.old): **AM** M/W/F 8:30 am-11:30 am **{\$200.00 a month.}**
- ☐ Pre-K (Kindergarten Readiness)(4 & 5 yr.old): **PM** M/W/F 12:15 pm-3:15 pm **{\$200.00 a month.}** *(only if Pre-K morning is full)*

Is your child potty trained: (check one) Yes: \_\_\_\_\_ No: \_\_\_\_\_

(If your child is not potty trained they **MUST** have some potty training experience and wear pull-ups **NO DIAPERS**. You are **responsible** for supplying the pull-ups and wipes for your child.

## Parent Information

### Parent/ Guardian #1

First: \_\_\_\_\_ Last: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_  
Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: (\_\_\_\_) \_\_\_\_-\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_-\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_-\_\_\_\_  
Employer: \_\_\_\_\_  
E-Mail: \_\_\_\_\_

### Parent/ Guardian #2

First: \_\_\_\_\_ Last: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_  
Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: (\_\_\_\_) \_\_\_\_-\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_-\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_-\_\_\_\_  
Employer: \_\_\_\_\_  
E-Mail: \_\_\_\_\_

