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:_____

Parent's Marital Status (check one): __ Married __Single
__Divorced/Separated ____Remarried/Blended Family

Child lives with (Check all that apply): __Both Parents __Mother
___Father ____Grandparents
____Other (please explain)_____

List names and ages of other children in the family:

Name:_____ Age:_____ Name:_____ Age:_____

Name:_____ Age:_____ Name:_____ Age:_____

Emergency Contact Information

Emergency Contact #1

Name:_____ Cell Phone:(___)____-_____ Relation to child_____

Emergency Contact #2

Name:_____ Cell Phone:(___)____-_____ Relation to child_____

Other Information

Any other information you feel we should know about your child:

_____

_____

Please tell us how you heard about Little Loves Learning Center:

_____

ALLERGIES AND MEDICATIONS (Please List Below)

_____

_____

I have read and understand the contents of this enrollment application. I understand that once the registration fee is paid to Little Loves Learning Center it is <u>Non-Refundable.</u>

_____ _____

Signature **Date**

<u>For office use only:</u>

Date of Admission:_____ Handbook given:_____

Registration fee paid: Amount $_____ Signature form returned:_____

ASQ3: _____ months

Date Paid:_____ Pre-admission interview complete:_____ Date

Cash-____ Check#-_____ Brightwheel:_____ Interview completed by:_____

Receipt given:_____ Receipt #:_____ Returning Student:_____ New Student:_____