



Little Loves Learning Center Enrollment Application 2024-2025

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 5/23/24** registration fee is **\$55.00**
Submit your application **after 5/23/24** registration fee is **\$65.00**

Student Information

First: _____ Middle: _____ Last: _____ Gender: M ___ F ___

Nickname or Preferred Name: _____ Birth Date: ___/___/___ Phone: (____) _____ - _____

Street Address: _____ City: _____ State: ___ Zip: ___ Age as of 9/30/2024: _____

- Enrolling in: (check one) Preschool (3 yr. old) **AM** T/TH 8:30 am-11:30 am **{\$150.00 a month.}**
- Preschool (3 yr. old) **PM** T/TH 12:15 pm-3:15 pm **{\$150.00 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 **{\$180.00 a month.}**
 - Pre-K (Kindergarten Readiness)(4 &5 yr.old): **PM** M/W/F 12:15 pm-3:15 pm **{\$180.00 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 Non-Refundable.

Signature

Date

For office use only:

Date of Admission: _____

Handbook given: _____

Registration fee paid: Amount \$ _____

Signature form returned: _____

Date Paid: _____

Pre-admission interview complete: _____

Date

Cash- _____ Check#- _____

Interview completed by: _____

Receipt given: _____ Receipt #: _____

Returning Student _____ New Student _____