**LITTLE LEARNER’S PRESCHOOL (LLP)**

 **ENROLLMENT FORM 2025/2026**

Courtney Dorran, Director

 Jolene Westwick, Assistant Director

 Email: Courtney@littlelearnerspreschoolntx.com

“A place where a love for God and learning meet” Address: 4255 E. Prosper Trail Prosper, TX 75078
 Phone #: 469-307-9049 Website: www.littlelearnerspreschoolntx.com

Child’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 **Last First Middle**
Preferred Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sex\_\_\_\_\_ Date of Birth \_\_\_\_\_\_\_\_\_ Age as of 09/01/25\_\_\_\_\_\_
Father’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mother’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Home Phone #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Father’s Cell \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mother’s Cell \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Primary Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Would you like updates on this email? \_\_\_\_\_

Home Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip\_\_\_\_\_\_\_\_\_\_\_

Child lives with \_\_\_\_Both parents \_\_\_\_Mom \_\_\_\_Dad \_\_\_\_Guardian

Mother/Father’s Address (if different from above) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Is there another Email where you would like to receive updates \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Can your info be shared in a directory? \_\_\_\_\_\_

**2’s Program offered:** 3 Days (Tues/Wed/Thurs)\_\_\_\_\_\_\_\_\_\_\_\_ \*Registration $300/\*Tuition $375/mo

**3’s Programs offered:**  2 Days (Tuesday/Thursday) \_\_\_\_\_\_\_\_\_\_ \*Registration $250/\*Tuition $300/mo
 (please mark 1st. 2nd, 3rd choice) 3 Days (Tues/Wed/Thursday) \_\_\_\_\_\_\_\_ \*Registration $300/\*Tuition $375/mo
 4 Days (Mon/Tues/Wed/Thurs) \_\_\_\_\_\_\_\_\_\_ \*Registration $350/\*Tuition $430/mo

**Pre-K Programs offered:** 3 Days (Tues/Wed/Thurs) \_\_\_\_\_\_\_\_\_\_ \*Registration $300/\*Tuition $375/mo 4 Days (Mon/Tues/W/Thurs)\_\_\_\_\_\_\_\_\_ \*Registration $350/\*Tuition $430/mo

**TK Program offered:** 4 Days (Mon/Tues/Wed/Thurs)\_\_\_\_\_\_\_\_\_\_\*Registration $350/\*Tuition $450/mo
(Transitional Kindergarten)

**\*Registration Fee is NON-REFUNDABLE\***

How did you hear about us? \_\_\_\_\_\_\_\_\_\_\_ Church Currently Attending \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name & Age of Siblings\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Page 2/3

**ALLERGIES (see office for form needed from physician):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Special Needs/services, Existing/Previous Illnesses, Injuries, Hospitalizations, or Additional Notes:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child’s Special Care Needs (check all that apply)

* Environmental allergies
* Food intolerances
* Existing illnesses
* Previous serious illnesses
* Injuries and hospitalizations (past 12 months)
* Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Limitations or restrictions on child’s activities
* Reasonable accommodations or modifications
* Adaptive equipment (include instructions below)
* Symptoms or indications of complications
* Medications prescribed for continuous long-term use

Explain any needs selected above:

Does your child have a diagnosed food allergies? \_\_\_\_\_\_Yes \_\_\_\_\_\_No

Food Allergy Emergency Plan Submitted Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child day care operations are public accommodations under the Americans with Disabilities Act (ADA), Title lll. To learn more, visit <https://www.ada.gov/resources/child-care-centers/>. If you believe that such an operation may be practicing discrimination in violation to Title lll, you may call the ADA Information Line at (800) 514-0301 (voice) or (800) 514-0383 (TTY).

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature – Parent or Legal Guardian Date Signed

|  |  |  |
| --- | --- | --- |
| FOR OFFICE USE ONLY:   | DAYS ENROLLED:   |  PAPERWORK:  \_\_\_\_\_\_\_\_\_\_ Reg. Fee  |
|
| DATE OF ADMISSION:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  | \_\_\_\_\_\_\_\_\_\_\_ Mon/Tu/Wed/Th  |  \_\_\_\_\_\_\_\_\_\_ Parent Authorization  |
|   | \_\_\_\_\_\_\_\_\_\_\_ Tuesday/Wednesday/Thursday  |  \_\_\_\_\_\_\_\_\_\_ Health Form  |
| CHECK #:\_\_\_\_\_\_\_\_\_ Reg. Amount: \_\_\_\_\_\_\_\_\_\_\_\_   |  \_\_\_\_\_\_\_\_\_\_Tu/Th |  \_\_\_\_\_\_\_\_\_\_ Medical Release  \_\_\_\_\_\_\_\_\_\_ Shot Records  |
| DATE OF WITHDRAWAL:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Class Assignment  |  \_\_\_\_\_\_\_\_\_\_ Hearing and Vision  |

 Page 3/4

Childs Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent Authorization and Acknowledgement**

Who can we contact OR release your child to in case of an emergency:

In the event that either parent cannot pick up their child, I authorize Little Learner’s Preschool to allow my child to leave this facility with the following people. Please include ALL information.

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Driver’s License #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Driver’s License #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Photographs

As your child participates in the program throughout the year, we would like to take some pictures to put together Memory Books. You can also sign up to receive pictures and videos through your classroom’s private Facebook group. Your signature gives your consent for your child to be photographed.

Parent Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date \_\_\_\_\_\_\_\_\_\_\_\_\_

# Written Operational Policies

I acknowledge the access to the LLP Parent Handbook with our discipline policies at www.littlelearnerspreschoolntx.com. I will carefully read the rules and policies of the handbook. I agree to abide by these policies and ask for explanations of anything that is not clear to me.

Parent Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date \_\_\_\_\_\_\_\_\_\_\_\_\_

# Nutritional Responsibilities

I acknowledge that meals and snacks are provided by families and the child-care center is not responsible for nutritional value or meeting the child’s daily food needs.

Parent Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date \_\_\_\_\_\_\_\_\_\_\_\_\_  **IV. Health Form and Medical Release**

In the event that I cannot be reached to make arrangements for emergency medical attention, I authorize **Little Learner’s Preschool** staff to take my child to an Emergency Room or to the following physician for medical care.

Child’s Physician Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Office Phone#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Doctor’s Office Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Hospital Preference\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medical Insurance Plan\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Group #\_\_\_\_\_\_\_\_\_\_ Policy #\_\_\_\_\_\_\_\_\_ Parent’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Page 4/4

Childs Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**4 THINGS NEEDED FROM YOUR PHYSICIAN:**

**THIS PART NEEDS TO BE SIGNED BY YOUR DOCTOR:**

1. **MEDICAL RELEASE**  for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(child name)

The above named child has been examined by a physician and found to be free of infectious diseases and able to participate in group activities at Little Learner’s Preschool.

\*Doctor Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*Doctor Printed Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**THESE RECORDS CAN BE TURNED IN PERSONALLY BY PARENT OR E-MAILED BY YOUR DOCTOR:**

1. **Shot Records:**

Please attach a copy of your child’s current shot records to this form.

Can be E-Mailed to us at: Courtney@littlelearnerspreschoolntx.com

1. **Hearing and Vision Requirements for 4, 5 & 6 year olds:**

Please attach a copy of child’s Hearing and Vision results from physician
Can be E-Mailed to us at: Courtney@littlelearnerspreschoolntx.com

1. **DOCTOR DOCUMENTED ALLERGIES: Please complete required allergy emergency plan if applicable**



#  ALLERGY/ASTHMA EMERGENCY PLAN 2024/2025

 \*\*Asthma medication must be accompanied by signed doctor asthma action plan

 **-**

 This plan must be signed and dated by your child’s Health Care Professional

 Childs name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Doctor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

 Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

##  Please complete one form for EACH KNOWN ALLERGY

 Child is allergic to: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Possible Symptoms if exposed are: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Specific Steps to take if child has an allergic reaction: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*By signing below, the parent or guardian of this child gives Little Learner’s Preschool permission to post the child’s allergy for staff and personnel.*

 Dr. Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Parent or Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Center Director Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 *For licensed center to use:*

 *\_\_\_\_\_\_ Allergy plan had been posted in classroom, white board and first aid area*

 *\_\_\_\_\_\_ Allergy plan has been included in emergency evacuation binder*