

STUDENT INFORMATION

Full Name: _____ Name to go by: _____
 Date of Birth: ____ / ____ / ____ Age as of 9/1/25: _____
 Gender: Male Female
 Home Address _____
 City: _____ Zip Code: _____
 Enrollment Options
 Please check one: 4 Day (Mon-Thurs)- \$270/Month ____ 5 Day- \$300/Month ____

PARENT CONTACT INFORMATION

Mother's Name: _____ Father's Name: _____
 Cell #: _____ Cell #: _____
 Email Address: _____ Email Address: _____
 Place of Business: _____ Place of Business: _____
 Work #: _____ Work #: _____

EMERGENCY CONTACT INFORMATION
 The names listed below will be contacted if we are unable to reach the parents.

Name: _____ Relationship to child: _____ Cell #: _____
 Name: _____ Relationship to child: _____ Cell #: _____
 Name: _____ Relationship to child: _____ Cell #: _____

ALTERNATE PICK UP INFORMATION
 Please ensure that the person picking up has their identification to show. We will check their ID.

Name: _____ Relationship to child: _____ Cell #: _____
 Name: _____ Relationship to child: _____ Cell #: _____
 Name: _____ Relationship to child: _____ Cell #: _____

MEDICAL INFORMATION

Child's Doctor: _____ Doctor's Phone #: _____
 Does your child have any allergies to food or medication? If so, please explain in detail.

 Do you have any other medical issues we should know about your child? If yes, please explain.

 Is there any special information our school should know about your child? Please list any behavior issues or special needs that we need to be aware of?

 Is this your child's first experience with Preschool? _____

I certify that my child is to my knowledge, in good health, and free of disabilities that would endanger him/her or other children. I agree to provide SMLC Preschool with current and up to date immunization records. When my child is ill, I understand and agree that SMLC Preschool will not accept my child for care.

Initials: _____

TUITION AGREEMENT

I agree to have tuition paid by the 1st of each month. I understand and agree to pay a \$15.00 late fee if tuition is paid after the 5th of the month and any other fees that may occur for a late or insufficient payment. I also agree that it is my responsibility to make tuition payable until proper termination of services requests have have been made as outline in the student handbook.

Tuition for the school year for 4 days is \$2700 and is split into 10 equal payments of \$270, to be paid each month by the 1st of the month beginning in August and ending in May.

Tuition for the school year for 5 days is \$3000 and is split into 10 equal payments of \$300, to be paid each month by the 1st of the month beginning in August and ending in May.

10% Sibling discount shall be given to any/all younger siblings for the entire school year.

Initials: _____

SOCIAL MEDIA/WEBSITE AGREEMENT

Photo Release: SMLC Preschool will include photos of students, teachers, and the school on its website and Facebook/Instagram page. It is our policy that the names of students will not be used by the administration.

Please initial for permission to post photos of your child participating in our school activities. This would include our school Facebook, Instagram & our website.

_____ I hereby GIVE permission for SMLC Preschool to use photos on the school website and other forms of communication/advertisement

_____ I hereby DO NOT GIVE permission for SMLC Preschool to use photos on the school website and other forms of communication/advertisement

ATTENDANCE AGREEMENT

I agree to let the director/teacher know if their child is going to be absent.

I agree to have my child to school on time by 9:00.

This is imperative to start our day and keep the children on track.

I agree to pick my child up on time by 1:00.

There will be a \$1.00/minute charge after 1:05.

Initials: _____

LIABILITY RELEASE

I hereby assume all risk of personal injury for all the years my child is attending or participating in SMLC Preschool activities. I give permission to the school to call the doctor or paramedic for medical care for my child should an emergency arise. It is understood that a conscientious effort will be made to locate the child's parent/guardian. However, if it is not possible to locate parents, this responsibility will be accepted by SMLC Preschool. I release SMLC Preschool Staff, Board, Director, substitutes, Teachers, and volunteers from any and all liability arising from claims of injuries or damages that either individually or on behalf of your child might occur while any of these individuals are performing their duties.

Initials: _____

PARENT/STUDENT HANDBOOK

I certify that I have been provided with registration materials, tuition information and a parent/student handbook

Initials: _____

By signing below, you agree that this is a legally binding form. Providing false information will result in termination of services

Parent Name (Printed): _____

Parent Signature: _____ Date: _____

Director Signature: _____ Date: _____

Thank you for allowing us to be a part of your child's learning experience!