

futures shining bright

Early Learning Director, Lavaun Camp

Immunization Form

P:\ ALL STAFF FOLDERS\Lavaun\Preschool Documents\2011-2012 Registration Form.pub

ABOUT MY CHILD

Has your child had previous group experiences? _____ If so, where? _____

Does your child prefer to play alone or within a group? _____

My child...

Talks distinctly: Yes _____ No _____

Talks at home: A lot _____ Some _____ A little _____

Eats with: Right Hand _____ Left Hand _____

Has a favorite toy _____

Is afraid of _____ because _____

Special needs, likes, dislikes, or concerns that you have observed in your child _____

Please list known allergies, especially food allergies and reaction _____

People your child lives with and their relationship:

Name

Relationship to your Child

Age of Siblings

Is there anything else about this child or your family you would like us to know?

Summer Birthday Note:

My child has a summer birthday (Please circle which month you would like it celebrated)

September May 1/2 Birthday

Referred by _____

**Please Return This Registration Form,
Emergency Form With Your Non Refundable Registration Fee (\$35.00)
And the Activity Fee (\$35.00) May write one check for \$70.00.**

A copy of your child's **Immunization Record** MUST be on file
BEFORE the child attends the first day of school.

2020-2021
STUDENT EMERGENCY FORM

THE FOLLOWING EMERGENCY INFORMATION MUST BE COMPLETE

Child's Physician _____ **Phone** _____

Address _____

Child's Dentist _____ **Phone** _____

Address _____

Hospital Preference _____

Allergies _____

THE FOLLOWING ITEMS MUST BE ACKNOWLEDGED BY YOUR SIGNATURE

*The following persons are **authorized** to pick up my child at school:*

Name _____ **Phone** _____

Name _____ **Phone** _____

Name _____ **Phone** _____

Signature of parent or guardian: _____

The following persons are **never authorized** to pick up my child at school: _____

_____ (If this does not apply, put N/A and your signature.)

Signature of parent or guardian: _____

ACKNOWLEDGE THE REMAINING ITEMS WITH YOUR SIGNATURE IF YOU AGREE

In case of an emergency, if I cannot be reached or I am delayed, I give the staff of Little Light Preschool the authority to take emergency action on behalf of my child.

Signature of parent or guardian: _____ **Date:** _____

I understand that my child's picture may be taken as part of the Preschool Program at Little Light Preschool. Photos taken may be used throughout our program. On occasion pictures will be used in newsletters, brochures and on our website.

☐ I give my permission for my child's photos to be used throughout our publications.

☐ I DO NOT give my permission for my child's photos to be used throughout our publications.

Signature of parent or guardian: _____ **Date:** _____

Please read the following information and initial each item:

1. Your child's spot is only held when the registration form along with the registration and activity fee of \$70 is received. **No registration will be taken without payment.** _____(initials)
2. **September 2020 and May 2021** tuition will be **due by first day of school.** _____ (initials)
3. The cost of tuition is based on the number of days that the children are in school during the year. The yearly tuition is divided into nine equal payments for your convenience.

\$200 for the 3 day class

\$140 for the 2 day class.

Each payment is the same and due in full regardless of holidays, vacations, absences of children, closure of school due to inclement weather or natural disaster. _____(initials)

4. Tuition is due on the 1st day of the month. _____(initials)
5. A **late charge of \$10.00 will** be assessed for payments received after the 10th of the month unless prior arrangements have been made. _____(initials)
6. You are making a full year commitment. Adjustments may be made on an individual basis if it becomes necessary to withdraw your child. _____(initials)
7. In the event of an insufficient funds check, we will notify you so you may correct the problem. There is a \$10 fee for bounced checks and an additional \$9 for the bank fee for a total of \$19. _____(initials)

I have read and understand the tuition and registration policy for Little Light Preschool for 2020-2021.

Signature: _____

Date: _____