

Little Learners Academy Enrollment Form _____

Child's Name _____ Birth Date _____
 Child's Name _____ Birth Date _____
 Child's Name _____ Birth Date _____
 Child's Name _____ Birth Date _____

Mother's Name _____ Phone Number _____
 Address _____ Zip Code _____
 E-mail Address _____
 Social Security Number _____ Ethnic Origin _____
 Employer _____ Phone Number _____

Father's Name _____ Phone Number _____
 Address _____ Zip Code _____
 E-mail Address _____
 Social Security Number _____ Ethnic Origin _____
 Employer _____ Phone Number _____

Children will be released only to their parent and Emergency Contacts

Emergency Contact _____ Phone Number _____
 Address _____ Relationship _____
 City: _____ State _____ Zip Code _____ Other _____
 Employer _____ Phone Number _____

Emergency Contact _____ Phone Number _____
 Address _____ Relationship _____
 City: _____ State _____ Zip Code _____ Other _____
 Employer _____ Phone Number _____

Emergency Contact _____ Phone Number _____
 Address _____ Relationship _____
 City: _____ State _____ Zip Code _____ Other _____
 Employer _____ Phone Number _____

Medical Information & Release

Physician Name _____ Phone Number _____
 Does your Child have any special needs or allergies? Yes No (please circle one)
 If so please explain _____

By signing this form I hereby give permission to Little Learners Academy to have my child seen and treated by my physician, any hospital personnel or any other emergency medical personnel they may deem necessary. I also understand that I am responsible for the payment of those services.

Transportation

I give / I do not give Little Learners Academy permission to walk or transport my child on field trips. They may also walk or transport my child to their neighborhood school _____

Financial Terms

Registration Fees: _____ \$50.00 Deposit per child, _____ \$25.00 per child annually.
 Full Tuition Rate _____ Pre-Pay Tuition Rate _____ Co-Payment _____
 Attendance - all childcare slots are on a reserved basis. **IF YOUR CHILD IS ON THE SCHEDULE YOU WILL BE BILLED FOR THOSE DAYS.**
~~Three days a week minimum. Three hour per day minimum. After hour charges are \$1.00 per minute per child in the event your child/ children is left at the center after closing. These fees will be billed to your account.~~

Return Checks - a fee of \$40.00 will be charges for any returned check.

Notice of With Drawl - we must receive two weeks written notice prior to with drawl of your child from Little Learners Academy, Inc. You will be charged for two weeks.

Parent's Signature _____ Date _____

Parent's Signature _____ Date _____

Director's Signature _____ Date _____

Parent Handbook _____ Medical Form _____ Pin# _____ Shot Records _____ Start Date _____ U.S.D.A. _____