



Student Name: _____

2021-2022 Program Enrollment Little Friends Preschool

135 W. Simpson Street, Mechanicsburg, PA 17055
www.littlefriendspreschool.org lfns@fumchurch.com
(717) 796-0723
Jemma Church, Director

2-Year-Old/3-Year-Old Class- Two Days
Must be 2-years-old by February 7, 2021

CIRCLE PREFERENCE
Monday/Thursday **OR** Tuesday/Thursday
9:15—11:45 AM \$150 / month

2-Year-Old/3-Year-Old Class- Three Days
Must be 2-years-old by February 7, 2021

Monday, Tuesday, Thursday
9:15—11:45 AM \$175 / month

3-Year-Old Class
Must be 3-years-old by September 1, 2021

Monday, Tues & Thurs 9:00 AM —11:30 AM
\$175 / month

4-Year-Old Class
Must be 4-years-old by September 1, 2021

Monday, Tuesday, Wednesday, Thurs 9:30 AM – 12:00 PM
\$215 / month

Pre-K Class
Must be 5-years-old by April 30, 2022
and plan to attend Kindergarten the following fall

CIRCLE PREFERENCE
Monday through Friday
AM Class 9:30AM-12:00PM **OR** **PM Class** 1:00-3:30 PM
\$240 / month

Little Friends Preschool is for children 2 ½ years-old through 5-years-old.

Registration is filled on a first-come, first-served basis.

A \$50.00 non-refundable deposit per child is required upon registration to secure your child's enrollment.

Registration will NOT be complete until vaccination documentation is received.

The first month's tuition is required to be paid by August 1, 2021. All additional tuition payments will be due the 5th of each month for the next month, September through April for a total of 9 tuition payments.

All children ages 3 and up must be potty trained.

If you have multiple children enrolled in our school, please deduct \$5 from the tuition of the oldest child.

Office Use Only

Date Recv'd _____

Vaccination Recv'd _____

Reg. Fee _____ Ck # _____

1st tuition _____ Ck # _____





For office use only: CLASS ASSIGNMENT

Student Information

Child's Full Name _____

M/F _____ Date of Birth _____

Name you would like your child to be called (nickname) _____

Street Address _____

City, State, Zip _____

Mother's Name _____ Occupation _____

Father's Name _____ Occupation _____

Primary Phone _____ Secondary Phone _____

Any Additional Phone Numbers _____

Primary Email _____ Secondary Email _____

Has your child been enrolled in a preschool other than Little Friends? Yes No

If yes, where? _____

Please list the name and age of any other siblings:

What school district do you live in? _____

What elementary school will your child attend? _____



Emergency Information

Physician's Name: _____ Phone Number _____

Hospital Preferred: _____

Insurance Information:

Policy Holder _____

Company _____

Policy Number _____

Group Number _____

In case of an emergency and we are unable to reach you, please list other local persons who may assist your child.

Name _____ Phone Number _____

Relationship to child _____

Name _____ Phone Number _____

Relationship to child _____

Health Information

Is your child up to date with his/her vaccination schedule? **Yes No**

Please submit a copy of your child's vaccination records to complete registration.

Does your child have any allergies? If yes, please explain: **Yes No**

Does your child have any special needs or medical conditions? **Yes No**

If yes, please explain:

Does your child have dietary restrictions? If yes, please explain: **Yes No**



Consents

I hereby give consent for Little Friends Preschool staff to provide basic first aid for my child, _____, if the need arises. In the event of an emergency and I am not available, the physician and hospital listed on this page are hereby authorized to provide any emergency care necessary for my child. Please transfer any health records necessary.

Name of parent/guardian (please print) _____

Signature _____ Date _____

Please **INITIAL** the following to give your consent:

_____ I give my permission for my child to go on field trips that may be taken during the year. I understand that I will be notified before each trip. Transportation will be provided by private vehicle or church van and appropriate car seats will be used.

_____ I give my permission for my child's photo to be taken and placed on the Little Friends website, Instagram, or Facebook page (without the use of his/her name).

_____ I understand that tuition payments are due by the 5th of each month. Failure to pay tuition will result in my child being unable to attend Little Friends.

_____ The following people have permission to pick up my child from school:

<u>Name</u>	<u>Relationship to Child</u>	<u>Phone</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

