**Student Name:**

**2022-2023 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/ Early 3-Year-Old Class Must be 2-years-old by February 6, 2022*or reach 2 years & 7 months prior to starting* | Monday, Tuesday, & Thursday9:30 AM – 12:00 PM *$185 / month* |
|  |  |
| 3-Year-Old ClassMust be 3-years-old by September 1, 2022 | Monday, Tuesday, & Thursday 9:30 AM – 12:00 PM *$185 / month* |
|  4-Year-Old ClassMust by 4-years-old by September 1, 2022  | Monday, Tuesday, Wednesday, & Thursday 9:30 AM – 12:00 PM *$225 / month* |
| Pre-K ClassMust be eligible for and plan to attend Kindergarten for the 2023-24 school year |  ***CIRCLE PREFERENCE***Monday through Friday *$250 / month***AM Class** 9:30AM-12:00PM **OR PM Class** 1:00-3:30 PM |

**Little Friends Preschool is for children 2 yrs & 7 months 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, 2022. 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.
Late fees will be assessed for tuition not paid by the 5th of each month.***

All children ages 3 and up must be potty-trained **or** wear a pull-up; teachers will not change diapers and/or handle cleanup of bowel movements for students 3 years and up.

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

Mother’s Phone Father’s Phone

Any Additional Phone Numbers

Mother’s Email Father’s 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 **INITITAL** 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:

Name Relationship to Child Phone

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

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**Additional Information**

* How did you hear about Little Friends?

Internet \_\_\_\_\_\_\_\_ Facebook/Instagram \_\_\_\_\_\_\_\_\_

Signs \_\_\_\_\_\_\_\_ Advertisement \_\_\_\_\_\_\_\_\_

Referred by: Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please provide any additional information, concerns, special needs, etc. to better know your child.**

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