



Student Name: \_\_\_\_\_

## 2022-2023 Program Enrollment Little Friends Preschool

135 W. Simpson Street, Mechanicsburg, PA 17055  
www.littlefriendspreschool.org [lfns@fumchurch.com](mailto: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, & Thursday  
9:30 AM – 12:00 PM \$185 / month

### 3-Year-Old Class

Must be 3-years-old by September 1, 2022

Monday, Tuesday, & Thursday  
9:30 AM – 12:00 PM \$185 / month

### 4-Year-Old Class

Must be 4-years-old by September 1, 2022

Monday, Tuesday, Wednesday, & Thursday  
9:30 AM – 12:00 PM \$225 / month

### Pre-K Class

Must 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 at the time of registration to secure your child's enrollment.
- Vaccination records MUST be submitted prior to start of school.
- **The first month's tuition is required to be paid by August 1, 2022. All additional tuition payments will be due the 1<sup>st</sup> 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 5<sup>th</sup> 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 in our 3's classes, 4's class, or Pre-K.

*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 # \_\_\_\_\_

1<sup>st</sup> 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(s) and age(s) of any other siblings:

\_\_\_\_\_

\_\_\_\_\_

What school district do you live in? \_\_\_\_\_

What elementary school will your child attend? \_\_\_\_\_

## Health and Developmental Information

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

*You will need to submit a copy of your child's vaccination records to complete registration.*

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

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*If a student has a life-threatening allergy and requires an EpiPen or antihistamine to be used in case of emergency, an authorization form will be provided and must be filled out signed by the student's doctor prior to attendance at LFP.*

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

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Has your child ever been **evaluated** by the CAIU or other private agency for potential developmental delays, cognitive/behavioral concerns, or other conditions? **Yes** **No**

If YES, did your child **qualify** for services? (please respond "yes" even if your child qualified for services but services were declined/refused) **Yes** **No**

Is your child **currently** receiving services from the CAIU or other private agency? *This includes specialized instruction, speech therapy, occupational therapy, physical therapy, behavioral intervention, or any other similar services.* **Yes** **No**

If yes, please explain: \_\_\_\_\_

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Does your child currently have a diagnosed cognitive, emotional, or behavioral condition OR developmental delay? **Yes** **No**

If yes, please explain: \_\_\_\_\_

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**Please note:** Little Friends Preschool is proud to provide an inclusive preschool environment; however, the LFP teachers and staff are NOT cognitive/behavioral specialists. Students with no prior evaluation history who are found to have significant delays or challenging behaviors may be referred for evaluation by the CAIU. If parents choose not to pursue evaluation/services **OR** have not disclosed prior evaluation/services/diagnoses, Little Friends Preschool reserves the right to withdraw enrollment at any time if the inclusive classroom environment is determined to not be in the best interest of the child and/or if behavioral concerns cannot be safely and reasonably supported in the classroom. **Failure to disclose any of the above information may result in immediate removal from the Little Friends Preschool program.**

# 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 that an emergency occurs and I am not available or cannot be reached, I understand that emergency responders will be contacted via 911 and any resulting cost for care and/or transportation will be solely my responsibility.

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. If transportation will be provided by private vehicle or church van, 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 5<sup>th</sup> of each month. **Failure to pay tuition on time will result in my child being unable to attend Little Friends.**

## Alternative Contacts & Pick-Up Authorization

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Authorized for pickup? **Yes No**

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Authorized for pickup? **Yes No**

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Authorized for pickup? **Yes No**

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Authorized for pickup? **Yes No**

