



Student Name: _____

2023-2024 Program Enrollment

Little Friends Preschool

135 W. Simpson Street, Mechanicsburg, PA 17055

www.littlefriendspreschool.org director@littlefriendspreschool.org

(717) 796-0723; Fax (717) 796-9764

Jemma Church, Director

2-Year-Old/ Early 3-Year-Old Class

Must be 2-years-old by February 5, 2023
or reach 2 years & 7 months prior to starting

CIRCLE PREFERENCE

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

OR

Wednesday & Friday
9:30 AM – 12:00 PM \$150 / month

3-Year-Old Class

Must be 3-years-old by September 1, 2023

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

4-Year-Old Class

Must be 4-years-old by September 1, 2023

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 2024-25 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 **non-refundable** deposit is required **at the time of registration** to secure your child's enrollment.
 - Registration fee for **current*** Little Friends families is \$50.00 per child **OR** \$75.00 for 2+ children
 - Registration fee for **new** families is \$75.00 per child **OR** \$100.00 for 2+ children

**current refers to any family with a student that is enrolled for the 2022-23 school year*
- Vaccination records **MUST** be submitted prior to start of school.
- **The first month's tuition is required to be paid by August 15, 2023. All additional tuition payments will be due the 1st of each subsequent month, October through May, 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 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 # _____

1st tuition _____ Ck # _____

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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, Background, 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**

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**

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: _____

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

If yes, please explain: _____

Does your child speak and understand English? **Yes** **No**
(Basic instructions, requests, common words and phrases, etc.)

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 5th 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**

