

Little Learners Academy

Application for Enrollment

Office Use Only:

Received: _____

Registration Fee _____

Date: _____

Name of Child: _____ Sex: ___ F ___ M

Street Address: _____ Birth date: _____

City: _____ State: ___ Zip: _____ Phone: _____

E-mail Address _____

PROGRAM: Class (Check one) _____ 3's _____ Pre-K

Is there a chance your child will be accepted into the Early Childhood Education program through the LeRoy school district? _____ yes _____ no

Registration Fee Due Now: _____ (\$85 for 3's Class; \$100 for Pre-K -- Non-refundable)

PARENT/LEGAL GUARDIAN INFORMATION:

Name: _____

Address: _____

Home Phone: _____

Cell Phone: _____

Marital Status: ___ Married ___ Single Parent

Employer: _____

Position: _____

Address: _____

Phone: _____ Hours: _____

Name: _____

Address: _____

Home Phone: _____

Cell Phone: _____

Marital Status: ___ Married ___ Single Parent

Employer: _____

Position: _____

Address: _____

Phone: _____ Hours: _____

(Over)

EMERGENCY CONTACTS:

(We must have at least one emergency contact other than the parent/guardian)

1)Name: _____ Relationship to Child: _____

Phone: _____ Cell Phone: _____

2)Name: _____ Relationship to Child: _____

Phone: _____ Cell Phone _____

PHYSICIAN INFORMAION:

Name: _____

Address: _____

Phone: _____ Hospital or Clinic: _____

Are there any allergies or medical conditions of which we should be aware? _____

Is your child able to take care of his/her toilet needs without assistance? _____

Signature of Parent/Legal Guardian

Date

Signature of Parent/Legal Guardian

Date

It is the parent's responsibility to keep the information on this sheet current. Please make sure your child's teacher or the preschool director are aware of any changes (this includes phone number changes, emergency contact info, etc.) and that they have been documented.