

Little Elks Pre-School 2015-2016 Registration



South Elkhorn Christian Church littleelkspreschool@gmail.com (859) 223-3557

Playschool, Must be 3 by Oct 1, 2015	Pre- K, Must be 4 by Oct 1, 2015	
Tuesday and Thursday, 9 AM—12 Noon, \$152 per month for 9 months	Tuesday and Thursday 9 AM—1:30 PM \$178 per month for 9 months	
Monday, Wednesday, Friday, 9 AM—12 Noon \$178 per month for 9 months	Monday, Wednesday, Friday, 9 AM—12 Noon \$178 per month for 9 months	
All students have a \$135 registration/supply fee	5 days, Monday-Friday, 9 AM—12 Noon \$285 per month for 9 months	
	All students have a \$135 registration/supply fee	
Child's Information Full name of child:	Name to be called at school:	
Gender: Male Female I	Birth date:	
Address: City/State/Zip:		
Mother's name:	Occupation/Employer:	
Home phone: Work Phone:	Cell:	
Father's name:	Occupation/Employer:	
Home phone: Work Phone:	Cell:	
Mother's Email address:	Father's Email address:	
Parents are Married Separated I	Divorced (optional question)	
Any special custodial instructions?		
Siblings names and ages:		
Emergency Information (If parents are unavailable; authorized to pick up your child in an emergency) 1. Relationship to child: Phone: 2. Relationship to child: Phone:		
Interest / Developmental Information		
Has you child attended any other pre-school? If yes, where and how long?		
Exposure to children outside of the immediate family: often seldom never		
Exposure to adults outside of the immediate family: often seldom never		
Group experience with neers (Sunday School, play group, etc.)		

Any information that may be helpful to the	teachers:
Areas where your child may need extra at	tention:
Other information that you would like to sh	nare with us:
Medical Information	
List everything the child is allergic to and f	foods child cannot eat:
List any health problems (such as diabetic	c, asthma):
State action to be taken when health prob	lem occurs:
Physician Name:	Phone:
I/We give permission for	to be treated by emergency medical personnel if injury or illness
occurs at school and I cannot be reach	ned by phone. I/We give permission for the child to be transported to emergency
facilities by car or emergency vehicle	(depending on injury or illness). I/We preferhospital if
care is required (if no preference, clos	sest maybe written). We accept all medical cost for transportation and medical
assistance.	
A completed Kentucky Certificate of Immu	unization Form is required prior to the first day of school.
Parent(s) signature	Date
site, the school Shutterfly account, in new highlight activities during the year at Little ways our children can have fun while parti year photo book that can be purchased from	ol related activities. We would like your permission to use these pictures on our websletters, sent to parents and/or on our bulletin boards. Pictures would be selected to Elks Preschool. The pictures will be used by Little Elks Preschool to show the many icipating in school! They will also be available as individual photos or in an end of the om Shutterfly by all parents. tos of my child -OR NO. Please do NOT take or use any photos of my child.
Parent's signature	Date:
Tuition Responsibility	
Because Little Elks is a non profit organiza	ation and budget is based on the tuitions expected during the year, we must ask that
each family sign a commitment in order to	o operate.
I am responsible for the \$135 registration	on/supply fee of and the 9 months tuition. The September Tuition Fee is due by
August 1 in order to have my child enro	olled for the school year. I understand the monthly fees are due on the 10th day
of the month each sequential month. I	understand there is a \$ 10.00 late fee charge for those not received by the date
due. I understand that returned checks	are subject to \$10.00 fees. I understand that I must give at least 2 weeks notice
in writing when withdrawing for any rea	ason.
Parent's signature	Date: