



Little Elks Pre-School 2016-2017 Registration



South Elkhorn Christian Church

littleelkspreschool@gmail.com (859) 223-3557

2 Year Old Class

Must be 2 by Oct 1, 2016

Tuesday 9 AM—12 Noon,
\$80 per month for 9 months

Wednesday 9 AM—12 Noon
\$80 per month for 9 months

All students have a \$75 registration/supply fee

Child's Information

Full name of child: _____ Name to be called at school: _____

Gender: _____ Male _____ Female _____ 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 _____ 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 peers (Sunday School, play group, etc.) _____

Any information that may be helpful to the teachers: _____

Areas where your child may need extra attention: _____

Other information that you would like to share with us: _____

Medical Information

List everything the child is allergic to and foods child cannot eat: _____

List any health problems (such as diabetic, asthma): _____

State action to be taken when health problem 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 reached 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 prefer _____ hospital if care is required (can not be left blank). We accept all medical cost for transportation and medical assistance.

A completed Kentucky Certificate of Immunization Form is required prior to the first day of school.

Parent(s) signature _____ Date _____

Photo Permission

We take pictures during school and school related activities. We would like your permission to use these pictures on our web-site, the school Shutterfly account, in newsletters, sent to parents and/or on our bulletin boards. Pictures would be selected to highlight activities during the year at Little Elks Preschool. The pictures will be used by Little Elks Preschool to show the many ways our children can have fun while participating in school! They will also be available as individual photos or in an end of the year photo book that can be purchased from Shutterfly by all parents.

____ YES. I grant permission to use photos 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 organization and budget is based on the tuitions expected during the year, we must ask that each family sign a commitment in order to operate.

I am responsible for the \$75 registration/supply fee of and the 9 months tuition. The September Tuition Fee is due by August 1 in order to have my child enrolled 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 reason.

Parent's signature _____ Date: _____

Enclosed is a \$75 Non-refundable/Non-transferable Registration/Supply Fee to:

Little Elks Preschool 4343 Harrodsburg Rd Lexington KY 40513

To be filled out by the office: _____ Check number: _____ Date received: _____