



**2019-2020 Registration**  
 South Elkhorn Christian Church  
 littleelkspreschool@gmail.com (859) 223-3557  
 www.littleelks.com

<p><b>2 Year Olds, Must be 2 by Aug 1, 2019</b></p> <p><input type="checkbox"/> Monday / Wednesday 9 AM—12 Noon \$160 per month for 9 months \$150 registration/supply fee</p> <p><input type="checkbox"/> Tuesday / Thursday 9 AM—12 Noon \$160 per month for 9 months \$150 registration/supply fee</p> <p><b>Potty training NOT required</b></p>	<p><b>3 Year Olds, Must be 3 by Aug 1, 2019</b></p> <p><input type="checkbox"/> Tuesday and Thursday 9 AM—12 Noon \$160 per month for 9 months \$150 registration/supply fee</p> <p><input type="checkbox"/> Monday, Wednesday, Friday 9 AM—12 Noon \$190 per month for 9 months \$150 registration/supply fee</p> <p><b>Must be potty trained to attend 3 and 4/5 year old classes</b></p>	<p><b>4/5 Year Olds, Must be 4 by Aug 1, 2019</b></p> <p><input type="checkbox"/> Enrichment / 5 days / Monday-Friday 9 AM—12 Noon \$290 per month for 9 months \$200 registration/ supply fee</p> <p><input type="checkbox"/> Tuesday and Thursday 9 AM—1:30 PM \$190 per month for 9 months \$150 registration/supply fee</p> <p><input type="checkbox"/> Monday, Wednesday, Friday 9 AM—12 Noon \$190 per month for 9 months \$150 registration/supply fee</p>
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**Registration fee can be paid by check or you will receive an email invoice to pay online after you submit this form.  
 Registration is not complete until fee has been paid**

**Child's Information**

Full name of child: \_\_\_\_\_ Name to be called at school: \_\_\_\_\_

Gender:      Male      Female      Birth date: \_\_\_\_\_

**Parents' Information**

Father's Name: \_\_\_\_\_ Mother's Name: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

City/ST/Zip: \_\_\_\_\_ City/ST/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

Employer \_\_\_\_\_ Employer \_\_\_\_\_

Email \_\_\_\_\_ Email \_\_\_\_\_

Parents are Married      Separated      Divorced (optional question)

Any special custodial instructions? \_\_\_\_\_

Siblings names and ages: \_\_\_\_\_

**Interest / Developmental Information**

Has you child attended any other pre-school? \_\_\_\_\_ If yes, where and how long? \_\_\_\_\_

Information that may be helpful to the teacher or other information that you would like to share with us: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Emergency Information** (If parents are unavailable; authorized to pick up your child)

- 1. \_\_\_\_\_ Relationship to child: \_\_\_\_\_ Phone: \_\_\_\_\_
- 2. \_\_\_\_\_ Relationship to child: \_\_\_\_\_ Phone: \_\_\_\_\_
- 3. \_\_\_\_\_ Relationship to child: \_\_\_\_\_ Phone: \_\_\_\_\_

**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 \_\_\_\_\_ (can not be left blank) hospital if care is required. 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**

PERMISSION TO PHOTO, VIDEO, AND /OR RECORD I, \_\_\_\_\_ parent/legal guardian of \_\_\_\_\_, hereby grant permission to Little Elks Preschool to use my child's photograph, and /or voice in any way that would reasonably portray programs of Little Elks Preschool. This includes pictures taken in the classroom or at school programs. This also includes pictures (with no names) that we may post on the Homeroom App, Facebook, Instagram as well as our web-site, www.littleelks.com. I further release the staff from any damages in using my child's photograph, and/or voice.

\_\_\_\_ 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 registration fee and the 9 months tuition. The September Tuition Fee is due by August 10 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 10th. 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: \_\_\_\_\_