**Student Name:**

**2020-2021 Program Enrollment**

**Little Friends Preschool**

135 W. Simpson Street, Mechanicsburg, PA 17055

www.littlefriendspreschool.org lfns@fumchurch.com

(717) 796-0723

**Maria Petrilak, Director**



|  |  |
| --- | --- |
| 2-Year-Old/3-Year-Old Hybrid ClassMust be 2-years-old by February 14, 2020 | Monday, Tues & Thurs 9:15—11:45 AM*$175 / month* |
|  |  |
| 3-Year-Old ClassMust be 3-years-old by September 30, 2020 | Monday, Tues & Thurs 9:30 AM —12:00 PM*$175 / month* |
|  4-Year-Old ClassMust by 4-years-old by September 30, 2020  |  Monday,Tuesday,Wednesday,Thurs 9:00—11:30 AM*$215 / month* |
| Pre-K ClassMust be 5-years-old by April 30, 2021 **and** plan to attend Kindergarten the following fall | ***CIRCLE PREFERENCE***Monday through Friday **AM Class** 9-11:30 AM **OR PM Class** 12:30-3:00 PM*$240 / month* |

**Little Friends Preschool is for children 2 ½ years-old through 5-years-old.**

***Registration is filled on a first-come, first-serve basis.***

A $50.00 non-refundable deposit per child is required upon

registration to secure your child’s enrollment.

Registration will NOT be complete until vaccination documentation is received.

***The first month’s tuition is required to be paid by September 1, 2020. All additional tuition payments will be due the 15th of each month for the next month, September through April for a total of 9 tuition payments.***

All children ages 3 and up must be potty trained.

If you have multiple children enrolled in our school, please deduct $5 from the tuition of the oldest child.

Scholarships are available based on federal income guidelines. Contact the director for more information and an application.

***Office Use Only***

***Date Recv’d Vaccination Recv’d***

Reg. Fee \_\_\_\_\_\_\_ Ck # \_\_\_\_\_\_\_\_\_\_\_ 1st tuition\_\_\_\_\_\_\_\_ Ck # \_\_\_\_\_\_\_\_\_\_\_



*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

Primary Phone Secondary Phone

Any Additional Phone Numbers

Primary Email Secondary Email

Has your child been enrolled in a preschool other than Little Friends? Yes No

If yes, where?

Please list the name and age of any other siblings:

What school district do you live in?

What elementary school will your child attend?



**Emergency Information**

Physician’s Name: Phone Number

Hospital Preferred:

Insurance Information:

 Policy Holder

Company

 Policy Number

 Group Number

In case of an emergency and we are unable to reach you, please list other local persons who may assist your child.

Name Phone Number

Relationship to child

Name Phone Number

Relationship to child

**Health Information**

Is your child up to date with his/her vaccination schedule? **Yes No**

***Please submit a copy of your child’s vaccination records to complete registration.***

Does your child have any allergies? If yes, please explain: **Yes No**

Does your child have any special needs or medical conditions?  **Yes No**

If yes, please explain:

Does your child have dietary restrictions? If yes, please explain: **Yes No**



**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 of an emergency and I am not available, the physician and hospital listed on this page are hereby authorized to provide any emergency care necessary for my child. Please transfer any health records necessary.

Name of parent/guardian (please print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_

Please **INITITAL** 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. Transportation will be provided by

 private vehicle or church van and 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 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 will result in my child being unable to attend Little Friends.

\_\_\_\_\_\_ The following people have permission to pick up my child from school:

Name Relationship to Child Phone

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Additional Information**

* How did you hear about Little Friends?

Internet \_\_\_\_\_\_\_\_ Facebook \_\_\_\_\_\_\_\_\_

Signs \_\_\_\_\_\_\_\_ Advertisement \_\_\_\_\_\_\_\_\_

Referred by: Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* Little Friends does have an automatic monthly tuition payment system in place. If you would like to sign up for automatic payments, please complete the last page of this packet.

**Please provide any additional information, concerns, special needs, etc. to better know your child.**

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Recurring Payment Form

Little Friends Preschool – 2020-2021 School Year

Cardholder Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cardholder Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(a receipt will be emailed to this address after each transaction is processed)

Credit Card Type: Visa Mastercard Discover

Credit Card Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Security Code:\_\_\_\_\_\_\_\_\_ (this is a three or four digit code on the back of the card)

Expiration Date: \_\_\_\_\_\_\_

Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Class: 2/3 Combo 3’s 4’s Pre K

***Amount $180 $180 $220 $245***

***(including processing fee)***

I hereby authorize Little Friends Preschool to charge my child’s monthly tuition to the above credit card on the fifteenth of each month, with the final month being April 2021. I understand that I may stop these payments at any time with a written request at least five days prior to the first of the month. I acknowledge that I will be charged an additional $5.00 convenience fee on top of my regular monthly tuition (this fee is included in the rates listed above).

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_

This form will be immediately shredded upon entering all information into the virtual terminal. No credit card info will be stored at Little Friends.