

LITTLE LEARNERS PRESCHOOL REGISTRATION FORM 2026-2027

Child's Name: _____ Preferred Nickname: _____

Gender: M/F Birthdate: _____ Age (As of Sept. 1) _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Parents or Guardian Names: _____

E-mail (include any people that you would like to receive notes, reminders, and calendars)

Phone: Mom Cell: _____ Dad cell: _____ other: _____

In case of emergency (other than parents, parents will always be notified 1st):

Name: _____ Phone _____

Allergies: _____

Additional Authorized to pick up: _____

Class Requested: (Classes filled on a first come first serve basis, space not guaranteed until forms & fees are turned in.)

Please select 1st and 2nd choice of classes. You will be notified if your 1st choice is not available.

_____ Mon/Wed 8:15-11:15 a.m.
\$150.00 (Ages 4-5, Pre-K)

_____ Tues/Thur 12:45-3:30 p.m.
\$150.00 (Ages 4-5, Pre-K)

_____ Tues/Thur 8:15-10:15 a.m.
\$100.00 (ages 3-5) (TT AM)

_____ Mon/Wed 11:30-2:30 p.m.
\$150.00 (Ages 4-5, Pre-K)

_____ Tues/Thur 10:30 am-12:30pm
\$100.00 (ages 3-5) (TT MID)

* Immunizations must be current for all students. Please include a photocopy of immunization records. State of Idaho Immunization Exemption forms are also accepted. These must be on file by Sept. 1. **All children must be 3 on or before Sept. 1.**

* A Non-refundable Registration/Supply fee of \$50.00 per school year is required at time of registration to reserve your child's space. This will include a Little Learner's Preschool T-shirt for the first year. For returning students (back to back years), the registration fee is reduced to \$25.00.

☐ I have read and agree to Little Learner's Preschool Information & Policies.

I hereby certify that my child _____ is in normal health and capable of participating in routine, daily preschool activities at Little Learner's Preschool. I understand that my child will be exposed to inherent risks in childcare such as falls, shared spaces, illness(sickness), allergies and activities like playing. I agree that I am voluntarily enrolling my child and assume responsibility for these inherent risks and agree to protect (indemnify) the preschool from costs, expenses, and liabilities arising from the child's participation.

Signature _____ Date _____

I hereby give Robin MacLeod permission to seek medical treatment for my child if necessary. I understand that I will be responsible for all costs associated with the treatment of my child. Parent notified first unless extreme emergency.

Signature _____ Date _____

Mail completed registration forms to: 1070 W. Main St, Ste C, Middleton ID 83644 or text picture of form to 208-407-2677. Registration can be paid by cash, check or venmo @MissRobin-MacLeod