

LITTLE LEARNERS PRESCHOOL REGISTRATION FORM 2024-2025

Child's Name: _____

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.
\$140.00 (Ages 4-5, Pre-K)

____ Tues/Thur 12:45-3:30 p.m.
\$140.00 (Ages 4-5, Pre-K)

____ Tues/Thur 8:15-10:15 a.m.
\$95.00 (ages 3-5) (TT AM)

____ Mon/Wed 11:30-2:30 p.m.
\$140.00 (Ages 4-5, Pre-K)

____ Tues/Thur 10:30 am-12:30pm
\$95.00 (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. Returning students (back to back years) registration 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 preschool activities. I understand that my child will be participating in activities at preschool and that the preschool and preschool teacher will not be liable for any physical harm my child should incur from these activities. I also understand that I will not hold the preschool or preschool teacher responsible for injury including the transportation of my child to and from preschool and preschool activities.

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