Preschool Registration Form A Little Schoolhouse Christian Academy

If mailing application please send all required documents to: 11740 US Hwy 301 North Parrish, FL 34219

Information about your child

Child's Legal Name	Date of Birth	
Today's Date	Name of Previous School:	
Child's Nickname or Preferred Name		
AddressNumber/Street City Zip		
Home Phone Cell Pho	one	
Email:		
Information on Mother/Guardian Information of Father/Guardian		
Name	Name	
Employer	Employer	
Business Phone	Business Phone	
Home Phone	Home Phone	
Address	Address	
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Please list any custody issues or helpful information about your child/family:		

Is your child fully potty trained? Y / N

Programs: Please CIRCLE the program that you are registering for:

**If your child has separation issues please remember that children who attend school more regularly have an easier time adjusting to their new schedule and forming bonds with their teachers and classmates.

- 1. Preschool 3's (8:45AM 12:30 PM) Monday through Friday
- 2. Preschool 3's (8:45 AM 12:30 PM) Monday Wednesday Friday
- 3. Preschool (8:45AM 12:30 PM) Tuesday Thursday
- 4. VPK PLUS (8:45-12:30) Monday through Friday
- 5. VPK (Free 12:50-3:50)- Monday through Friday

^{***}If participating in Stay & Play until 2:30pm, please fill out an additional Stay and Play Registration Form***

Proper picture identification may be re	n parents who are given permission to pick up your child. equired before a child is released.
1. Name	
Relationship	Phone
2. Name	
Relationship	Phone
3. Name	
	Phone eased to anyone <u>not</u> listed above without <u>written notice</u> in advance from a
Photo Permission: I grant permission to A Little Schoolhofor use in class projects or promotions	ouse to video, photograph, and/or record my child participating in our preschool activities al purposes.
Parent/Guardian signature	Date
	ent Handbook available online and I agree to abide by the policies and regulations. I as included in the Parent Handbook. Handbook is also available on our website.
Parent/Guardian Signature	Date
school director in writing. I understarthat I will be responsible for the follow	aw my child, whether before the school year begins or during the year, I will notify the and that if I do not give the school 30 days written notice of my child's leaving the program wing month's tuition and will be billed accordingly. Families who withdraw on July 1st or be responsible for paying August tuition.
Parent/Guardian Signature	Date
because of any claims on behalf of m taken against our program or any em found at fault, I agree to pay any attor defend itself against such action. This Parental Agreement statement w Little Schoolhouse is an extension of I will make every effort to work with the child.	ouse and its agents harmless for any liability to my child or any guardian or parent thereof y child or our family against A Little Schoolhouse. Should legal action for any reason be oloyee or agent thereof on my child's behalf and A Little Schoolhouse or its agent not be rivey fees, court fees, damages, or other costs that the school or its agent should incur to ill be in effect for as long as my child attends A Little Schoolhouse. I understand that A me, the parent, and I pledge my prayerful support to the school administration and faculty. The school personnel to insure a safe environment and a positive learning experience for my love information and request that my child be accepted to attend A Little Schoolhouse.
Parent/Guardian Signature	Date

Health Care Form A Little Schoolhouse Christian Academy

11740 US Hwy 301 Parrish, FL 34219

Permission For Health Care

***This form must be notarized before being returned. Child's Name ___ ______ Date _____ Child's Physician _____ Phone _____ Physician's Address _____ Child's Dentist Phone Dentist's Address **Emergency Care** Authorization For First Aid In the event of an emergency, I authorize the Little Schoolhouse staff to provide any first aid care deemed necessary for my child. ______ Date _____ Parent Signature _____ Health Record Transfer In the event of an emergency, I authorize the Little Schoolhouse staff to transfer my child's health record to the local hospital or emergency facility. Parent Signature ______ Date _____ Medical Release The State of Florida now requires a notarized medical release form prior to emergency medical treatment. Please fill out the portion below in the presence of a notary. In the event of an injury to my child ______ which requires immediate medical attention, and if the parent/guardians cannot be reached, A Little Schoolhouse has my permission to contact my child's physician and/or emergency medical services for transport and medical treatment. Please list any allergies, special medical or dietary needs, developmental delays or other areas which may require our attention: Parent Signature ______ Date _____ Sworn to or affirmed and subscribed before me this _____ day of ______, ______, ______

Notary Public

State of Florida, county of _____

A Little Schoolhouse Tuition Information

Schedule of Tuition Charges and Annual Program Fee:

VPK Plus Program- 5 days a week - \$ 900 per school year (10 payments of \$90 due August 1st through May 1st)

Monday - Friday - 5 days a week - \$3400 per school year (10 payments of \$340 due August 1st through May 1st)

Monday/ Wed/ Fri - 3 days a week - \$2600 per school year (10 payments of \$260 due August 1st through May 1st)

Tuesday / Thursday - 2 days a week - \$2000 per school year (10 payments of \$200 due August 1st through May 1st)

Tuition is not reduced due to absence, illness, vacation or holidays. Tuition is calculated on the number of days in the school year not in the school month.

Annual Program Fee

\$95 per child (if before May 1st) and is due upon registration. \$125 per child (if after May 1st) and is due upon registration.

If for any reason placement cannot be made at A Little Schoolhouse this program fee will be refunded. If you decide to be placed on the waiting list, the fee will be held until placement is made. The program fee will not be refunded for any reason if placement is granted, even if classes have not begun. If you child is does not withdraw prior to July 1st in writing to the Director, the family will still be responsible for August tuition per our withdraw policy.

*Please note there will be a \$25 fee for all returned checks.

Tuition is due by the 1st of each month (August-May) and must be received by the 7th of the month or a \$20 late fee *per week* will be assessed.

Students whose accounts are more than 30 days past due are subject to cancellation and their spot will be given to those families currently on our waiting list.

Dear Families.

Please contact me during the year if special arrangements are needed or if you have any concerns about your child. By working together we may be able to solve the problem and eliminate any further issues.

Thank you for selecting A Little Schoolhouse Christian Academy. We prayerfully intend to minister to the needs of the young children in our program and their families. The staff wishes a fulfilling year to you and your child during this school year.

Sincerely,

Natalie French Director



Registration Checklist

Please return all completed paperwork in the folder you were provided. Thank You!

Required Registration Forms
Current Photo of Your Child (wallet or 4x6)
Health Care Form (*must be notarized*)
Annual Program Fee
State of Florida Physical Exam Form **
State of Florida Immunization Form **
Stay & Play Application (optional pickup 2:30pm)

**These forms can be obtained from your child's physician. They must be current for each school year. You may obtain these forms over the summer, but under Florida law your child may not begin school until we have this documentation.

Additional Items Required for Children Participating in the State of Florida's VPK Scholarship Program:

A Little Schoolhouse VPK Plus \underline{or} VPK FREE Enrollment Form

VPK Certificate of Eligibility (must be received at time of registration)