

# **The Learning Palette Preschool**

## **APPLICATION FORM FOR ENROLLMENT**

Please complete fully and sign

Today's Date: \_\_\_\_\_

Name (Student): \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Nickname or preferred name: \_\_\_\_\_ Siblings: \_\_\_\_\_

Parents (Guardian): \_\_\_\_\_

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

Mom's Phone: \_\_\_\_\_ Dad's Phone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Father Work/Address: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Mother Work/Address: \_\_\_\_\_ Work Phone: \_\_\_\_\_

### **EMERGENCY CONTACTS:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

### **PHYSICIAN**

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

**HOSPITAL:** \_\_\_\_\_

### **SPECIAL NEEDS:**

\_\_\_\_\_

**ALLERGIES-Food:** \_\_\_\_\_ **Medication:** \_\_\_\_\_

Other: \_\_\_\_\_

**Does your child need daily medication?** \_\_\_\_\_ **For?** \_\_\_\_\_

Please list any other concerns/information about your child on the back of this form.

Primary language spoken at home: \_\_\_\_\_

Will your child be dropped off or picked up by anyone other than a parent? \_\_\_\_\_

**TUITION RATES:**

<input type="radio"/> Bee, Bear, or Bunny	5 days	\$475.00 monthly
<input type="radio"/> Puppy	2 days	\$385.00 monthly
	3 days	\$400:00 monthly

Registration fee (one time only) \_\_\_\_\_ \$75:00 (Non-Refundable)

- ☐ Enrollment constitutes a contract for one academic year. Please read the handbook for specific terms.
- ☐ Sibling rates are available (5% discount)
- ☐ A 2% discount is offered for full payment of annual tuition.

Referral (if applicable):

\_\_\_\_\_

How did you discover The Learning Palette Preschool?

\_\_\_\_\_

Would you like to enroll for our Palette Pals Program? (Aftercare 2pm to 5pm) :

\_\_\_\_\_

Rates for Palette Pals are monthly, daily, or hourly. Please refer to the handbook for specific terms and fees.

- ☐ **SIGNATURE:** \_\_\_\_\_