

Dear Families,

Welcome to Little Scholars Academy Preschool!

We are thrilled you have chosen to register your child in our preschool program! Please carefully complete all pages of the registration packet. Be sure to include the \$55 registration fee and first month's tuition when returning. Once these items are received, a placement will be made. If you have any questions, feel free to call us at 812-734-1555 or email at littlescholars@frontier.com.

*Please complete a separate registration form for each additional child you are enrolling.

*LSA gives a 10% discount for each additional sibling enrolled.

Sincerely,

The Little Scholars Team



Registration Packet 2019-2020

Child's Name	Nickname
Date of Birth	Age Gender: M F
	Parent Information
Mother's Name	Father's Name
Address:	Address:
Cell Phone:	Cell Phone:
Work Phone:	Work Phone:
WOLK I Holle.	
Email:	
Email:	Medical Information
Email: Physician's Name	Email

HEALTH INFORMATION

Please list any	preexisting illnesses, all	ergies, or health conce	rns:

Class Information

Use a (1) and (2) for first	Program	Class Session	Age	Class Time	Monthly Tuition
and second					
choice.					
	Preschool	T-TH	3-4	8:30-11:00	\$100
				AM	
	Preschool	T-TH	3-4	12:00-2:30	\$100
				PM	
	Preschool	M-W-F	3-4	8:30-11:00	\$145
				AM	
	Kindergarten	M-W-F	4-5	12:00-2:30	\$145
	Prep			PM	
	Kindergarten	M-T-W-	4-5	8:30-11:00	\$230
	Prep	TH-F		AM	
	Kindergarten	M-T-W-	4-5	12:00-2:30	\$230
	Prep	TH-F		PM	
	*Kindergarten	3 days		8:30-11:00	\$145
	Prep Step-Up	4 days	4-5	AM (or)	\$185
		5 days		12-2:30 PM	\$230

*The K-Prep Step-Up Program is limited to 5 students per session. Students will begin in August with a 3 day schedule, step-up to 4 days in October, and step-up to 5 days per week after Christmas Break.

*Drop off for AM classes is at 8:30am and pickup is at 11:00am. *Drop off for PM classes is at 12:00pm and pickup is at 2:30pm. These times are FIRM.

Personal Information

SECURITY ALERT

Please describe any living arrangements, custody issues or court orders we
should be aware of or that you feel would be helpful to your child's teacher:

PICK-UP AUTHORIZATION

Please list the names of persons other than parents/guardians authorized to pick up your child:

Caregivers Name	Relationship to child
EMERGENCY CONTACTS Persons to contact in the case of a reached:	an emergency when parents cannot be
	Contact (1)
Name	
Phone#	
	l
	Contact (2)
Phone#	
Relationship to child	l
SPECIAL INSTRUCTIONS Please describe any special accommand aware of or that you feel would be	nmodations or special needs we should be be helpful to your child's teacher:
T-SHIF	RT ORDER FORM
T-shirt. Please indicate your chi	a fee, your child will receive a Little Scholars ild's size. If you'd like to purchase additional hey will cost \$10 each.
Yout	th XS (2-4) th S (6-8) h M (10-12)
Number of Additions	al Shirts to order

Please initial on the lines:
I understand this registration form, the first month's non-refundable tuition, and a \$55 non-refundable registration/materials fee secures my child's placement for the 2019-2020 school year.
I understand space is limited, and that placement is on a first-come, first-served basis due to the number of available spots.
I understand that I am registering my child for a specific class and therefore cannot change their schedule once a placement has been made.
Parent Signature Date