

PRESCHOOL ENROLLMENT APPLICATION

LITTLE LEARNERS PRESCHOOL
3588 Brookside Road. (209) 954-7656
Stockton, CA 95219
www.brooksidechristian.com

Thank you for your interest in LITTLE LEARNERS preschool. Please complete this form and return it to the school office as soon as possible. A \$40.00 check or money order must accompany these forms in order to complete registration. Should there not be an opening available, we will be happy to place you on a waiting list or you may request that the registration fee be refunded. Otherwise, this fee is non-refundable, with no exceptions.

Little Learners Preschool does not discriminate as to race, color, creed, ethnic or national origin, in its admission policies, academic and athletic programs, scholarships, student assistance programs, in its administration, directorships, hiring, advertising, and business transactions.

STUDENT'S NAME _____ Sex: M F

1. Father/Male Guardian's Name _____ 2. Soc. Sec. # _____

3. Mother/Female Guardian's Name _____ 4. Soc. Sec. # _____

5. Marital Status (Please Circle One) Married Divorced Single Widowed

6. Home Address _____

7. City _____ 8. State: _____ 9. Zip Code: _____

10. Child's Birth date _____ 11. Birthplace: _____ 12. Home Phone _____

13. Father's Employment _____ 14. Father's Work Phone: _____

15. Father's email: _____ 16. Father's Cell Phone _____

17. Mother's Employment _____ 18. Mother's Work Phone: _____

19. Mother's email: _____ 20. Mother's Cell Phone: _____

21. To receive family discounts please list names and grades of any other children in your family who are applying for registration at any Brookside Christian School. _____

22. How did you hear about us? A friend/co-worker ___ Billboard ___ Drive by ___ Other: _____

23. Names and phone numbers of people other than parents authorized to take child from the center and can be contacted in case of emergency. Please Print:

Name: _____ Relationship: _____ Phone _____

Name: _____ Relationship: _____ Phone _____

Name: _____ Relationship: _____ Phone _____

24. Physician's Name _____ Phone: _____

OFFICE ONLY:

A/R # _____ Pre-K Y or N Registration _____ Fixed Chg _____ Date Received _____

Room # _____ Date to Start _____ Current Month _____ Current Month Tuition _____ Receipt # _____

PRESCHOOL ENROLLMENT CONTRACT

Hours: 6:00 a.m. - 6:00 p.m.

Half Days: 4-1/2 hours or less

TUITION: All tuitions are charged on monthly rates only.

5 Full Days - *\$635.00 mo.

5 Half Days - *\$570.00 mo.

4 Full Days - *\$545.00 mo.

4 Half Days - *\$508.00 mo.

3 Full Days - *\$420.00 mo.

3 Half Days - *\$387.00 mo.

2 Full Days - *\$285.00 mo.

FAMILY DISCOUNT: 20% discount for additional children in same family and residence.

*Tuition is due on the first of each month, however may be paid through ACH automatic bank withdrawal on the 4th of each month or charged an additional \$20 per month for paying by cash, check or credit card. A ten (10) day grace period will be allowed from the first of each month. At the expiration of this 10-day period all past due accounts will be assessed a 3% late charge on the remaining balance per family. Thirty calendar days notice will be given of any tuition rate change.

Tuition is billed according to the days requested below. Full payment will be required whether your child attends or not, holidays included. (A list of holidays is available at the Director's Desk.)

Should you desire to change the scheduled days for your child to attend, there is a \$10.00 charge for any changes in days enrolled - subject to openings. Written notice is required 2 weeks in advance of leaving school enrollment to avoid additional charges. In order to provide quality and reliable staffing for your child, there are no credits for illness. You can receive up to 2 full weeks between September 1 and August 31 annually when taken at a full week at a time for vacation without charges when giving 30 days notice. We can credit only for full week vacations not by days.

For the safety of the children, we require daily signing in and out for each child. There is a \$2.00 charge for the first failure to sign in or out on any day and repeated failure to sign in or out will require removal from enrollment.

After 6:00 p.m. there is a fee of \$5.00 for the first 15 minutes and an additional \$10.00 charge for every 15 minutes thereafter. A \$20.00 service charge will be assessed for all returned payments, and \$35.00 for all stopped checks.

PLEASE REGISTER MY CHILD TO ATTEND THE FOLLOWING DAYS*:

Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday _____

***Days not attended cannot be substituted for another day.**

Full Day Schedule _____ Half Day Schedule _____

I understand and agree that continued enrollment and re-enrollment of my child(ren) in this school is dependent on my parental support of the school, its staff and its policies. Three calendar days-notice will be given for removing a child from attendance whose account falls behind or for other reasons except in the case where the administration feels any child's or staff person's health or safety is concerned. Immediate removal will be required in such cases.

I understand that the state child care regulatory enforcement and administration agency and the local department of social services of child protective services has the authority to interview children or staff, to inspect and audit child or facility records, to interview children privately, to observe the physical condition of the children in the school, to make provisions for the independent medical examination by a licensed physician of any child, and to contact and instruct any other appropriate authority to do the same, without prior notice or consent by myself or by the school.

I HAVE READ THE ABOVE & AGREE TO THE TERMS STATED IN THIS ENROLLMENT CONTRACT.

Signature of Parent/Guardian _____ Date _____

Signature of Parent/Guardian _____ Date _____

Signature of Preschool Authority _____ Date _____

Signature of State Representative _____ Date _____

