

LITTLE TREASURES PRESCHOOL
418 N. Yelm, Kennewick, WA 99336
(509) 783-7657; ltpkennewick@gmail.com

REGISTRATION PACKET
2018-19 SCHOOL YEAR

Child's Name _____ Age _____ Birth Date _____

Parent/Guardian Names _____

Address _____ City _____ WA Zip _____

Home Phone _____ Cell Phone _____

Email Address _____

Home Church _____

I desire enrollment of my child in the following class:

1. _____ A.M. Pre-K, 4-5 year olds; Child **MUST** be toilet-trained & 4 by Aug. 31 for school year child is registered; M/W/F 8:45-11:15, Registration/Supply Fee = \$95

2. _____ Multi-Age, (Ages 3-5), Child **MUST** be toilet-trained and 3 by Feb. 28 of the school year child is registered; M/W/F 12:00-2:30, Registration/Supply Fee = \$95

3. _____ 3-4 year olds, Child **MUST** be toilet-trained & 3 by Aug. 31 for school year child is registered; T/Th 8:45-11:15; Registration = \$80

A \$80/\$95 **non-refundable** supply/registration fee is required with your completed application form to register your student for Little Treasures Preschool. Your student is not guaranteed a place in a class for the 2018-19 school year (Sept. - May) until the **non-refundable** supply/registration fee is paid, the entire Registration Packet is completed and received, and the September tuition paid by September 10. No class spots will be saved for a student to begin class later in the school year without the monthly tuition paid in full each and every month until a student begins.

Parent/Guardian Date:

For office use only

Date Received _____ Check # _____ Cash (yes) _____

LITTLE TREASURES PRESCHOOL INTAKE RECORD

Child's Name _____ Male ___ Female ___ Birth Date _____

Name by which child is most often called: _____

Preferred email address: _____

LTP is on Facebook! We would like you to indicate whether or not you approve of having your child (ren) photos taken at LTP and other events at LTP to be placed on LTP Facebook page. Names of the children will not be displayed with the photos.

_____ Yes, I approve _____ no, I do not approve.

Father's Name: _____ Father's Employer: _____

Work Phone: _____ Cell Phone: _____

Mother's Name: _____ Mother's Employer: _____

Work Phone: _____ Cell Phone: _____

Childcare Provider (if applicable): _____ Telephone #: _____

Person(s), other than parents, designed to pick up child from school:

Name: _____ Telephone #: _____

Name: _____ Telephone #: _____

If neither parent can be reached, in case of emergency, please call:

Name: _____ Telephone #: _____

Name: _____ Telephone #: _____

Other Children in Family (please list names and ages):

Name: _____ Age: _____ Name: _____ Age: _____

Name: _____ Age: _____ Name: _____ Age: _____

Name: _____ Age: _____ Name: _____ Age: _____

DISCIPLINE, HABITS & HELPFUL INFORMATION:

Is your child easily managed? _____ Yes; _____ sometimes; _____ no

What methods of discipline have you found to be most effective:

Does your child have any fears which others should be aware of?

Please list any information concerning your child which would be helpful in his/her preschool experience

(i.e., play, eating, family structure, sleeping habits, etc.):

Has your child attended preschool before? _____ Yes; _____ No

If Yes, where?

What do you hope your child will gain from his/her preschool experience?

Which of your child's present behaviors do you particularly enjoy?

Referred to LTP by:

MEDICAL INFORMATION:

Please list any allergies, particularly foods, which your child has reactions to:

Due to food allergy issues, all children are asked to provide their own snack on a daily basis. It is imperative to list any food allergies your student has. Water will be provided for each child's drink.

A physician's note is recommended for every child with particular food allergies – please provide to LTP with registration packet. Thank you.

Please list any medication currently prescribed to your child

LTP must have immunization records for every child on file. Please complete the attached Washington State Department of Health Immunization Form prior to filing this LTP registration packet. A photocopy of your child's immunization records is acceptable.

A \$80/\$95 **non-refundable** supply/registration fee is required with your completed application form to register your student for Little Treasures Preschool. Your student is not guaranteed a place in a class for the 2018-19 school year (Sept. - May) until the **non-refundable** supply/registration fee is paid, the registration packet completed, and September tuition paid by September 10. No class spots will be saved for a student to begin class later in the school year without the monthly tuition paid in full each and every month until a student begins.

The parent/guardian agrees to pay the monthly tuition by the 10th of every month beginning in September and ending in May. Any tuition payment received after the 10th of each month will be assessed a late fee of \$10.00. An additional \$10.00 late fee will be assessed every two weeks thereafter, until the tuition is paid. Tuition paid in full for the entire year will receive a discount of \$100 if paid by September 10th.

Every parent/guardian agrees to provide two (2) weeks' written notice if a student is withdrawing from classes; tuition will continue to be due without proper notification.

I shall strive to cooperate with the staff and policies of Little Treasures Preschool.

Parent/Guardian Signature

Date