

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

**REGISTRATION PACKET**  
**2020-21 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 9:00 -12:00; Registration Fee = \$100

2. \_\_\_\_\_ 3-4 year olds, Child **MUST** be toilet-trained & 3 by Aug. 31 for school year child is registered; T/Th 9:00 -11:30; Registration Fee = \$100

3. \_\_\_\_\_ Expanded/Flex Pre-K, 4-5 year olds; Child **MUST** be toilet-trained & 4 by Aug. 31 for the school year child is registered; M/W/F 9:00 – 12:00, T/Th 12:00 – 2:30; Registration Fee = \$100 (A minimum of 10 students must be registered for this class or it will be canceled.)

A \$100 **non-refundable** 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 2020-21 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: \_\_\_\_\_  
(this will be used for the student mailbox)

Preferred email address: \_\_\_\_\_

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:

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

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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.):

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Has your child attended preschool before? \_\_\_\_\_ Yes; \_\_\_\_\_ No

If Yes, where?

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

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

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Referred to LTP by:

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**MEDICAL INFORMATION:**

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

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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

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**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.**

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The parent/guardian agrees to pay the monthly tuition by the 10<sup>th</sup> of every month beginning in September and ending in May. Any tuition payment received after the 10<sup>th</sup> 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 30<sup>th</sup>.

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.

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**Parent/Guardian Signature**

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**Date**