

Student Information

Child's Name (First, Middle, Last) _____

Class Desired: ___ 3 yr Nursery (Circle **only** if requesting **days**: Mon/Tues **or** Thurs/Fri)

___ 4 yr Nursery (Circle **only** if req. **times**: Mon-Wed **or** Wed—Fri; am/pm)

___ 5 yr Pre K (circle days attending M T W Th F.)

___ Kindergarten Academy Wrap to WSSD

___ Full Day Program (circle days attending M T W Th F)

Birth Date _____ Current Date _____

**** **Please return registration with a \$25 non-refundable registration fee.**

PARENTS/GUARDIANS Address correspondence to:

Last Name _____ First Name _____

Relationship _____ email _____

Address _____

City, State, Postal Code _____

Home Phone _____ (___ unlisted) Day Phone _____

Last Name _____ First Name _____

Relationship _____ email _____

Address _____

City, State, Postal Code _____

Home Phone _____ (___ unlisted) Day Phone _____

OTHER EMERGENCY CONTACT

Name _____ Relationship _____

Home Phone _____ Work Phone _____

MEDICAL INFORMATION

Doctor _____ Clinic _____

Address _____

Dr. Office phone _____ After hours phone _____

Allergies _____ Medication _____

Medical problems _____

*****ALL PHYSICAL AND MEDICAL FORMS FOR KINDERGARTEN WILL BE SENT TO YOU IN A CONFIRMATION PACKET IN THE SPRING.*****

Please complete the following information to better serve your child in the classroom setting. Thank you.

Has your child been exposed to babysitters or left with a relative or friend at all?

Is your son/daughter an only child and/or have they had many playmates their age?

Have you or has someone else read books on a regular basis to your child?

Has your child had any exposure to development of numbers or letters, by either recognition, sound, or actual writing?

Is there anything you feel your child's teacher should know about your child? If so, please fill in below.

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How did you hear of Little Hands Nursery & Kindergarten School?

public advertisements (where) _____

a current student's family _____

other (fill in) _____

Thank you!

I understand that I am responsible for paying tuition by the 1st of each month, and thereafter, a \$10 late fee will be assessed. I agree to pay late fees if I am late with payments. Tuition is payable each month through the end of the school year. I also understand that a pick up late fee will be assessed at \$1 per minute if I am more than 5 minutes late for pick up at the end of my child's session (note: please call with any unforeseen emergency situation).

Parent's Signature