



LEARNING LADDER PRESCHOOL 2019-2020

PLEASE **COMPLETELY** FILL IN ALL SPACES ON THIS FORM. IF QUESTIONS DO NOT APPLY, WRITE **N/A**.

Days: 1 2 3 4
 Class: PK C S T N
 PAID: CSH/CK# _____ DT _____

Date of Enrollment: / /

Office: DatB Copy FeeC File

STUDENT INFORMATION

CHILD'S NAME (Name child will write or go by in class)		M / F	BIRTHDATE / /
STREET	CITY	STATE	ZIP

PARENT INFORMATION

<u>MOTHER'S NAME</u>	HOME PHONE		CELL PHONE
STREET (If different than child's)	CITY	STATE	ZIP
EMPLOYED BY:	WORK PHONE		DAYS: HOURS:
STREET	CITY	STATE	ZIP
<u>FATHER'S NAME</u>	HOME PHONE		CELL PHONE
STREET (If different than child's)	CITY	STATE	ZIP
EMPLOYED BY:	WORK PHONE		DAYS: HOURS:
STREET	CITY	STATE	ZIP

LOCAL EMERGENCY CONTACTS (AT LEAST ONE IS REQUIRED BY THE STATE)

SITTER'S NAME (If applicable)		PHONE	
1. NAME	Relationship:	PHONE	
STREET	CITY	STATE	ZIP

*UNLESS NOTED, THESE PEOPLE WILL HAVE AUTHORITY TO TAKE YOUR CHILD FROM SCHOOL HEALTH REPORT/HISTORY AND CURRENT HEALTH PROBLEMS

*Please list any allergies or special conditions teachers should be aware of for the safety of your child.

E-MAIL ADDRESS: (We use this for newsletters and other important information):

SESSIONS AND CLASSES

Classes are separated by the school district's cut-off date of July 31. (September 30 for toddlers.)

Climbers and Pre-K must be potty trained, no pull-ups.

Nursery (3 month up toddlers age), Toddlers (18 months by Sept. 30, 2019), Steppers (2 by July 31, 2019)

Climbers (3 by July 31, 2019), Pre-K (4 by July 31, 2019): See cover letter for classes available for your child.

Classes: N T S C P	Days: MW/TT/TWT/MTWT
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Siblings Enrolled:	Siblings Name:
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Nursery (3-18M): one, two, three or four days available. Please check your preferred day(s).

Monday	Tuesday	Wednesday	Thursday
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AUTHORIZATION OF EMERGENCY MEDICAL CARE

I understand that in the case of an accident or injury to my child, I will be notified immediately. If my child requires emergency care, the physician and preferred hospital to be used are:

Physicians Name:	Physicians Phone Number:
Preferred Hospital:	Hospital Phone Number:

AGREEMENTS

- A. I have been informed of the required health and safety inspections and that the inspection forms are available for review.
- B. When my child is ill, I understand and agree that my child will not be accepted for care.

PLEASE INITIAL THE FOLLOWING GUIDELINES

_____ In compliance with the Missouri Health Department regulations for preschools, we will report to the directors all communicable diseases (strep, chickenpox, etc.) our child is infected with throughout the school year.

_____ We will provide the preschool a copy of child's immunizations before this enrollment is complete and a signed health form before the child's first day of preschool. This is required by the Health Department.

_____ This certifies that my child is, to my knowledge, in good health and free of disabilities that would endanger him/her or other children in the preschool.

_____ We understand that our child may be withdrawn and payment discontinued after a two week written notice is given to the child's teacher and to the directors. We also understand and agree that by reason of the necessary commitments of the program, refunds of the registration fee or refunds for daily absenteeism will not be made. Monthly fees are due at the beginning of each month as well as any applicable activity fees, late pick-up fees and/or late fees.

_____ There is a non-refundable registration/activity/supply fee for all classes. This fee is necessary to secure your child's placement in our program. If you have any questions, please contact a Director.

<u>PARENT SIGNATURE</u>	<u>DATE</u>
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