

PRESCHOOL ENROLLMENT APPLICATION

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

_____ WEE CARE PRESCHOOL
5211 Barbados Circle (209) 954-7657
Stockton, CA 95210

Thank you for your interest in LITTLE LEARNERS and WEE CARE preschools. 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 and Wee Care Preschools do 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 _____ Soc. Sec. # _____

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

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

4. Home Address _____

5. City _____ State _____ 6. Zip Code _____

7. Child's Birth date _____ Birthplace _____ 8. Home Phone _____

9. Father's Employment _____

10. Father's Work Phone _____ 11. Father's Cell Phone _____

12. Mother's Employment _____

13. Mother's Work Phone _____ 14. Mother's Cell Phone _____

15. To receive family discounts please list names and grades of any other children in your family who are applying for registration at any UCS school _____

16. How did you hear about us? A friend/co-worker _____ Yellow Pages _____ Drive by _____ Other _____

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

Name _____ ID # _____ Phone _____

Name _____ ID # _____ Phone _____

Name _____ ID # _____ Phone _____

18. Physician's Name _____ Phone _____

Signature of Parent/Guardian _____ **Date** _____

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:*

5 Full Days - \$585.00 mo. (135.00 wkly)
4 Full Days - \$508.00 mo. (117.00 wkly)
3 Full Days - \$390.00 mo. (90.00 wkly)
2 Full Days - \$267.00 mo. (62.00 wkly)

5 Half Days - \$532.00 mo. (122.00 wkly)
4 Half Days - \$473.00 mo. (109.00 wkly)
3 Half Days - \$360.00 mo. (83.00 wkly)

*All tuitions are charged on monthly rates only.

FAMILY DISCOUNT: 20% discount for 2nd and 3rd child's tuition.

Tuition is due on the first of each month. 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. Five 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.

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 vacation or illness.

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 \$15.00 service charge will be assessed for any and all returned checks, and \$25.00 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 reenrollment of my child(ren) in this school is dependent on my parental support of the school, its staff and its policies.

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 _____

LITTLE LEARNERS AND WEE CARE PRESCHOOL

PARENTAL PERMISSION SLIP

The following is a permission slip to give your parental approval for your son or daughter to participate in preannounced activities. On occasion a child must be restricted from participating in a field trip due to his permission slip not returning in time. Signature on this form indicates your pre-approval for participation in all school activities.

You may choose to require a signature approved notification or to revoke this form in the future. In any regard, the proper and safe care of your child will always be our priority.

My son/daughter _____ is hereby granted permission to take part in all outside field trips taken by the school. It is my understanding that every precaution will be taken for the safety of my child. I also understand that proper supervision will be provided by the school. Therefore, my child may take the field trips. The school, owners, directors, teachers, and assistants are hereby released from any punitive damages in the events of injury to my child occurring as a result on a walk, or field trip.

Signature of Parent or Legal Guardian

Date

CONSENT FOR MEDICAL TREATMENT

As the parent, agency representative or legal guardian, I hereby give consent to Little Learners and Wee Care Preschool to provide all emergency dental or medical care prescribed by a duly licensed physician (M.D. or D.D.S.) for _____. This care may be given under whatever conditions are necessary to preserve the life, limb or well being of my dependent.

Parent/Agency Representative/Legal Guardian

Date

Home Address

Home Phone

Work Phone