

Little Learners Enrollment Application

Parent(s) Name(s): _____ Date: _____

Primary Contact# _____ Secondary Contact# _____

Email: _____

Child's name: _____ Child's DOB: _____

Please select your intended enrollment choice(s) and if you will need early drop off and/or after school enrichment:

Enrollment Choices		Monthly Rates
<input type="checkbox"/>	*3 half days (available during August only)	\$360
<input type="checkbox"/>	*5 half days (available during August only)	\$420
<input type="checkbox"/>	3 full days	\$460
<input type="checkbox"/>	5 full days	\$620
<input type="checkbox"/>	K&1 st Grade	\$460
<input type="checkbox"/>	Early Drop Off	\$90
<input type="checkbox"/>	After School Enrichment	\$120

Intended start date:

August 2024 Other: _____

Does your child have any allergies or special needs? If so, please use these lines to explain how we can best accommodate your child. 😊

**Please note, we require all students to be fully potty trained upon enrollment. **

Please email completed form to littlelearners0204@gmail.com

We will contact you as soon as we have a spot available for your child! 😊

Thank you for your interest in Little Learners to start your child's education! 😊