

Little Learners Enrollment Application

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

Primary Contact# _____

Secondary Contact# _____

Email: _____

Child's name _____ Child's DOB _____

Please check your intended days per week and if you will need early drop off and/or after school enrichment:

	Tuition Choices	Monthly Rates
<input type="checkbox"/>	<i>*3 half days (August only)</i>	\$360
<input type="checkbox"/>	<i>*5 half days (August only)</i>	\$420
<input type="checkbox"/>	3 full days	\$460
<input type="checkbox"/>	5 full days	\$620
<input type="checkbox"/>	K&1st Grade	\$460
<input type="checkbox"/>	Early Drop Off	\$85
<input type="checkbox"/>	After School Enrichment	\$115

3 or 5 half days available during August only

Intended start date _____

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

****We require all students to be fully potty trained upon enrollment. ****

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! 😊

Please email completed form to littlelearners0204@gmail.com